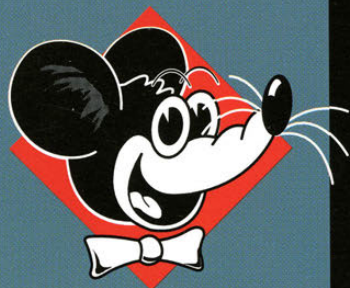


# DPN

\$3

DISEASED PARIAH NEWS #11

*Inside This Issue:  
Jesus Makes  
House Calls,  
Selling Your Soul  
for Easy Money,  
Vomiting 101,  
The Pharmacy  
That America  
Shouldn't Trust,  
And Much More!*



*It's been good for us;  
was it good for you, too?*





**YOUR CRANKY DEADITOR &  
NOW-RESISTIBLE FORCE**  
Beowulf Thorne

**YOUR SLEAZY DEADITRIX &  
PROTECTOR OF THE STREETS**  
Michael Botkin

**YOUR LONE SURVIVING EDITOR**  
Tom Ace

**YOUR GRACIOUS KEEPER  
OF THE CAMERA**  
Mod Bob

**YOUR CRAFTY ARTIST &  
DEFENDER OF TRADITIONAL MEDIA**  
Kira Od

**ACCEPT NO SUBSTITUTES!**

Diseased Pariah News has been a patently offensive publication of, by, and for people with HIV disease (and their friends and loved ones).

This is the final issue of this journal (sniff, sniff). In the eternity since DPN #10 appeared, 66.67% of the editorial staff expired. See pp. 36-37 for details.

Special thanks to Roxxie, Sasha Vodnik, and Daniel Bao for their help in getting this issue finished and printed after Wulfie shuffled off his mortal coil.

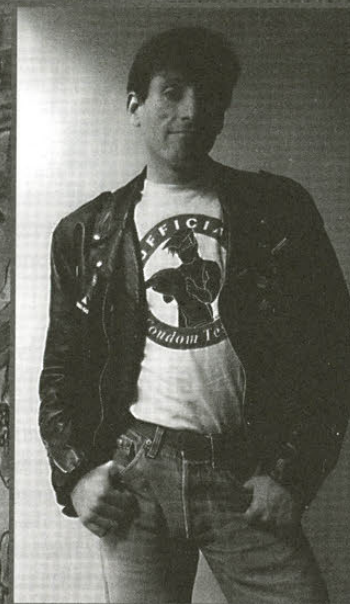
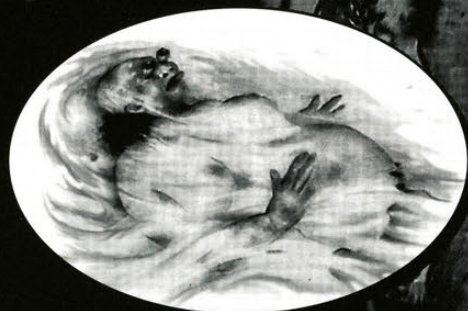
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## ISSUE 11 ELEVEN

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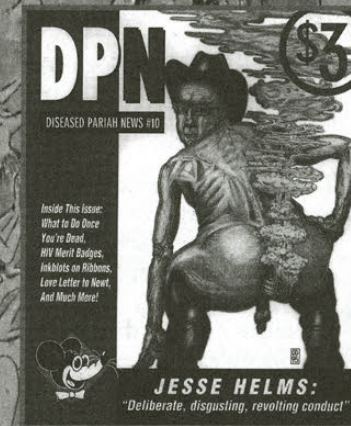
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Michael Botkin  
1957-1996



Beowulf Thorne  
1964-1999



DPN magazine  
1990-1999



# My Life for Sale

**A**H, SPRING in the Bay Area, and for the seventh season in a row I'm blissfully free of allergies. Who needs an immune system, anyway? Sure, Pneumocystis is a drag, but those pesky white blood cells were always overreacting to every possible allergen. Especially to those acacia trees with their lurid yellow

blossoms and buckets of plant jizz. Nope, none of that, just kick back and relax—whoa! What are those things in the sky, buzzards? Oh yeah, I'm selling my life insurance policy. I guess they smell green in the air, and not just the verdure of spring.

Viatication is the selling of your life insurance policy, either an individual or group policy, for cash payment while you're still alive. It has become quite popular, especially now that many states have revised their tax laws in favor of viatication. This is my own saga of monetary redemption. It's far from being an E-ticket ride, but an interesting experience nevertheless.

Deciding to viaticate my policy started with some soulful contemplation. The first thing I had to face was my own impending mortality. It was as though signing the paperwork obliged me to kick the bucket on some kind of schedule. For an obsessive taskmaster such as myself, there were some control issues—death being a major loss of control. On the other hand, I told myself, I can think of viatication as taking

ownership of my own demise and using it to improve the quality of whatever time I have left.

Next was the citizenship issue: did I want to deprive my dear grey-haired mother (father, grandma, etc.) of their just due? Well, it's not really their due (my policy, after all). In my case, I didn't worry too much and the decision was relatively easy: Mom and Dad didn't really need the money in the indistinct future, whereas I'm on the dole at the present.

Finally, there's a little roulette. The closer to death's door you are—on an actuarial basis—the more moolah you get. You don't want to cash in too early for a measly 50% (two-year life expectancy). On the other hand, if you wait for that 80% jackpot (six-month life expectancy), you might croak before you can enjoy it all. I was feeling pretty grim at that point, so the time seemed right.\*

The first thing I did was leaf through some queer mags in search of viatical ads. This involved enduring some truly loathsome perfumed fragrance ads in the *ADVOCATE* and *OUT* magazine, but somehow I survived. I came up with the names of twenty companies. There are over one hundred such firms advertising intermit-

tently in local and national rags, so the number you come across will probably vary.

Even twenty out of a hundred sounded a bit tiring, so I used some admittedly arbitrary standards to winnow some of advertisers. Did they fail to include an 800 number? Well, they obviously don't want my business badly enough. Did they just list the phone number with no address? Hmm, must be hiding something. Finally, how cute were the boys in the ad? (Very important, you know.) After applying Wulfie's Razor, I had ten possibilities left.

I started making phone calls and supplied the pertinent information: name, address, phone number, face value of the policy, and last CD4 count. I was "lucky" in this respect; my last count, taken just before I started a protease inhibitor, was an alarming 1 (one). The phone demeanors of the sales reps varied from jovial to bland. One gentleman (the jovial one) clapped his hands in delight upon hearing my last count; I could imagine the thoughts of sugarpilums dancing in his head. Another (the bland one) sounded as though he would really rather be doing something else than talking to demented sickies. One was very helpful, suggesting some alternatives to viatication [see the box to the right]. One sharp saleswoman suggested that I limit the number of completed applications to three, lest my physician drown under the resulting deluge of paperwork. "If you do send more than three," she said, "you might not want to trust the doc with life-or-death decisions for a while." Well, this isn't just for me, I thought, this is journalism. I requested packets from all ten of the companies, and in a few days they had all arrived.

## CONSIDER THESE FACTS

- All viatical companies will ask your doctor to estimate your lifespan. Hopefully, most doctors will be tactful enough not to tell you the cold, depressing numbers that they gave. If this particular piece of information is likely to cause anxiety, it might be a good idea to tell your physician beforehand that you would prefer that life expectancies remain a secret.
- A small number of insurance carriers offer something called an accelerated benefits plan. Like viatication, this gets the money in your hand, but without the middleman. The resulting payoff is higher—as high as 90%, but your estimated life expectancy has to be pretty short. It doesn't hurt to ask your insurer.
- Group plans through your current or former employer are usually eligible for viatication. This is the policy that I cashed in.
- If you are concerned about the current beneficiary of your policy needing the cash, you can viaticate only a portion of your policy's face value and leave the rest for the loved ones.
- Viatical firms come in two flavors, corporations and brokers. With a corporation, your money is disbursed directly from the company coffers. A broker, on the other hand, acts as an intermediary between you and a third party who wishes to purchase your policy as an investment. There seems to be little difference in the amount of time either takes to pay you off.
- The brokering of viatical settlements is heavily regulated, and may be forbidden in some states. This is because a broker might share your otherwise confidential medical records with literally hundreds of potential investors. These people often lack medical expertise, and may get grumpy if you fail to die on schedule. There have been a few instances of viators being harassed by their policy holders. More likely is the chance of the investor suing the broker, which can drag you into their squabbles.
- Consult your accountant to see how a viatical windfall will affect your taxes. Life insurance awards are usually tax-free. Therefore, a loan against your policy is also tax-free. Tax law, however, is a murky and constantly changing organism, so be sure to ask the right questions.
- Does all this sound scary? If you have rich (and trusting) friends, they can give you a loan in exchange for being made the beneficiary.
- Consult a social worker to see how that windfall will affect your eligibility for any needs-based services such as Medicare or food stamps.
- Think about what you plan to do with all this green crinklies. Spend wisely and get the most out of it.
- You can receive a free booklet from the National Viatical Association, an industry funded group. Call them at (800) 741-0465 for more information.



## COUNTERPOINT

People seem to have a lot of irrational feelings about the viatical industry. Here are a few of the comments that I've heard, along with some humbly offered defensive retorts.

**Viatical settlements are ghoulish.** Yeah? So are medicine, the funeral industry, and most of the world's religions.

**Viatical companies are greedy.** So are medicine, the funeral industry, and most of the world's religions. Think about it. Are you going to be the one enjoying the full face value of your policy? Convenience comes at a cost. If you give the vultures their cut, you'll still have money in your pocket. I do suggest shopping around and seeing if you can benefit from a bidding war between rival companies.

**Viatical companies take advantage of your death.** So do probate court and the countless hordes of bargain hunters who will paw through your treasures at the estate sale. In truth, the morbid act of viatication can actually keep alive a policy that otherwise may have lapsed by taking over any regular payments. This leaves one less monthly expense to worry about, and also explains why regular insurance carriers are not terribly thrilled by viatication. If your policy has lapsed because of lack of payment, it doesn't do *anyone* any good, except of course the insurer who pockets the regular premiums that you paid while your finances were still in order.

**You're not in any state of mind to make such an important decision.** Oh please, that's a load of patronizing crap. Who are these people that live such pointless, tragic, and empty lives that they feel compelled to insinuate themselves into the HIV-care community? They want to strangle PWA's in their suffocating embrace and decide what's to be done "for their own good?" If you're competent enough to maintain a bank account, then you're competent enough to viaticate.

You've probably figured out that I'm pro-viatication. You may also remember that DPN has, in the past, run full-page ads from American Life Resource, a viatical settlement company. Lest you think that this has compromised my journalistic integrity, you should know that American Life was one of the firms that declined to make an offer on my policy.

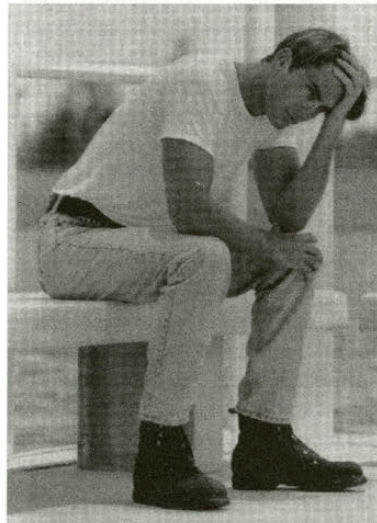
Another round of elimination was in order. Two of the companies failed to send their packets overnight, showing an obvious lack of urgency. They went into the round file. After reading a free booklet from the National Viatical Association, I decided to avoid the two broker-based

companies [see the box on page 4]. Two more contestants deleted. I filled out the six not-very-well-standardized forms, had the proper pages notarized, and sent them off. The odds are you will need a notary for your applications. Call your local AIDS benefits organization for the

name of a reasonably priced notary. I needed to have twelve separate signatures vouched for.

About half of the viatical applications were accompanied by uplifting videotapes showing handsome young studs gravely weighing all the facts before (surprise) deciding to viaticate. In my opinion they all looked a bit too perky to contemplate such things, but, as my social worker has reminded me, most of peoples' disabilities are invisible.

One week later, my doctor called to yell at me. "Six applications! Do you know how much paperwork..." I had been warned; at least he didn't order punitive barium enemas. Several of the apps that he was filling out wanted to now if I had requested a Do Not Resuscitate (DNR) order to be in my personal and hospital records. I told him to say yes, wondering why the vulture



*This was the cutest of the many Anguished Boys to appear in the various ads and brochures.*

firms would care one way or another. Aha, I thought, viatical companies probably lower their bids if they think you're likely to linger on expensive life support for any length of time before expiring.

After another week I received three bids, ranging from 74% to 77%, plus one that started out as a juicy "79%" but then deducted some hefty "fees", leaving the final award at 75%. Two others declined to accept my case, which was interesting. My former employer had switched the carrier of my policy six months before. The reconstituted policy came with a two-year suicide exclusion, and I guess I looked like I might be a risk. I'll admit that there's something strange sounding about adding any kind of exclusion to an existing policy, but I doubted that quotes from those two companies would have been any higher than the ones I had already received. Fighting didn't seem worth it. (Both those companies were owned by large mainstream insurers, which may account for their caution.) I accepted the highest remaining offer and signed my life away.

The process of redemption was supposed to take ten days. It took a month. While I paced the floor, I was informed of every Byzantine twist and turn as the policy wended its way through the bowels of my insurance carrier. There were last minute questions to my physician, inquiries to past employers, and unexpected resistance from my insurer. Every bureaucratic step was bogged down by the fact that viatical settlements had flooded the regular insurance industry, catching them off guard, ill prepared, and more than a little suspicious. Keep that delay in mind and make your plans accordingly.

After several nervous weeks, the payment was finally wired to my account. Whoopee! Now the thoughts of sugarplums (and other less wholesome things) danced in my head!

### THE FALLOUT FROM VANCOUVER

This article was written a while ago, before I lost a year dealing with lymphoma. As you probably know, a few novelties have challenged viatical firms since then: Protease inhibitors. Undetectable viral loads. HIV as a manageable illness. The news from Vancouver may have been welcomed by people with AIDS, but it made viatical companies pee their collective pants. With patients living much longer, many viaticated policies became very expensive to support. Factor in inflation, maintaining the payments on a policy, and several more years of unanticipated overhead, and you can see why many firms went bust. The company that held my policy went bankrupt. My policy was then sold through a series of firms, and was finally purchased by an outfit specializing in the devalued assets of failed financial ventures. Each time the policy changed hands, I was contacted and asked to fill out new paperwork.

Viatical firms still exist, but they are now very cautious. The word from Geneva—that protease inhibitors are failing in some people—has failed to cheer them up very much. Even if diseased pariahs start dropping like flies again, don't expect the big awards of several years ago. After all, you never know what miracles are just around the corner. Viatication has, alas, become a mature industry. —B.T.

## Postscript

By "luck", Wulfie had picked just about the best possible moment to sell his life insurance. Not only were the life-extending capabilities of improved antiviral therapies not yet demonstrated, but Wulf's condition was not very promising at the time. If the buyer had known how Wulf would show a continuing ability to bounce back after some pretty grim-looking episodes, his policy wouldn't have sold for near the price that it did. I'm tempted to say that Wulf made a killing on his life insurance, but I can't bring myself to make so horrible a pun.

Yours truly was among the people charged with notifying the viatical settlement company of Wulf's death. As you can imagine, the companies are keen on being informed as soon as possible, so they made sure Wulf had given their number to people he thought might remember to make the call.

Despite the various hands that Wulf's policy had passed through, the 800 number still worked. It was nothing short of surreal, having the agent offer formulaic condolences, take the information, and then chat me up about the scenery and weather in the town where I live.

I know you're all wondering just what Wulfie did with the money he got from selling his insurance. Alas, all the sordid details will have to wait until another time to be made public, but let it be known that Wulf gave a portion of the money to DPN, helping to defray the printing and mailing costs for the issue you hold in your hands. —T.A.



# Do I Remember the Day I Became AN INFECTED FAGGOT?

by W. Wayne Karr

PEOPLE OFTEN ASK ME, "Wayne, do you know when you became an infected faggot? Do you know how you became HIV positive?" Well, my answer to that is, "Of course I do!" How could I not recall what was probably the most important and significant single event of my own miserable life?

Let's see... it was around the end of 1981—a little after Christmas. December 27, to be exact.. The only thing I'd wanted for Christmas was cock, and lots of it, but all I got was a package of underwear and pair of

socks from my Mom. *¡Qué triste! ¡Qué lástima!* I was so depressed that I grabbed my leather and my toybag and went off to the baths to give myself that Big Gift.

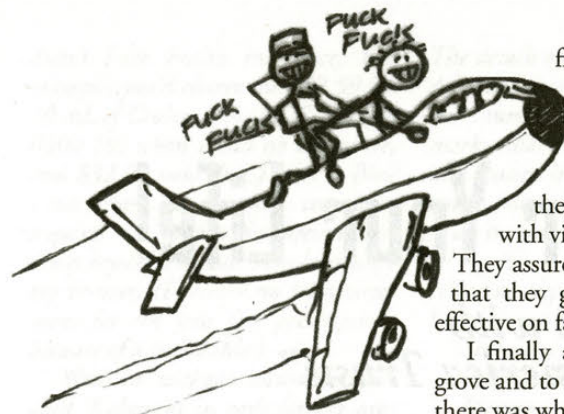
Needless to say, I got my cock (actually several), and in addition, I drank gallons of warm golden piss, to say nothing of the multiple partner scat scene, my cock being pierced and bathed in warm blood, and my nipples being nearly ripped off of my... but I digress. Well, someone had shoved his Crisco®-laden fist up my ass as I was sucking on amyl, ethyl, and Fred (all at the same time!), but alas and alack, he forgot to take his studded and razor-bladed glove off, and it got stuck somewhere on the wrong side of my sphincter as he was trying to remove his arm from my hungry hole!

This of course constituted a major emergency, so I was rushed to the emergency room at San Francisco General Hospital where I was attended by the Space-AIDS suited Dr. of Doom, Lorraine Day. She had protected herself from aerosolized blood products, but not me, self-centered pig that she is! My penis was bleeding profusely—remember the piercings? I forgot to



mention that the piercing device was an eight-penny nail. Just think, I could have gotten tetanus or something! Someone in the ER decided that I needed a transfusion, and the next thing I knew they hooked me up with a direct line from the queen in the next bed over, who I'm sure was on her last T-cell and only weighed sixty pounds. She was covered with sweat and fungus, babbling about mascara and eyeliner injections, rhinestone ben-wah balls, and something about being a hairdresser!

The ER scene finally came to a close, but while in the recovery room, I came down with a terrible toothache! Fortunately, Kimberly Bergalis was sharing the same room. She told me about this fabulous dentist in



finally got out of all that thick undergrowth, I found an-out-of-the-way U.S. Government Clinic of the sort where they were experimenting with viruses and monkey bites.

They assured me that the injection that they gave me was especially effective on faggots.

I finally arrived at the coconut grove and to my delight and surprise there was what became my own private harem of Haitian boys, all with huge, uncut (but very drippy) cocks so hard that I just had to bend over and take them all. Of course no one had any rubbers, but truthfully boys, what would you have done?

The force with which they fucked my face and ass caused me to bleed profusely again from my butt and mouth, and I had pounded my peter so hard that it was a bloody mess too! I needed another transfusion and I had heard about this person who would one day be famous for having supplied blood to now legendary Ryan White, so off I went to Indiana for a refill!

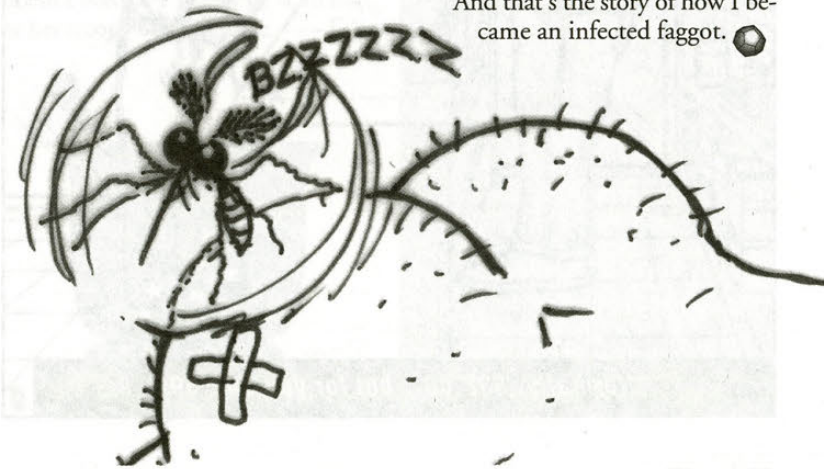
After all this, I decided that I needed a vacation. I hopped a flight

to New York, and while onboard I met this really groovy jet-setting flight attendant named Gaetan Dugas, who fucked me somewhere over Cleveland (giving a whole new meaning to the term "in-flight entertainment"). He was going on to L.A., but before we parted, he gave me a list of names and addresses belonging to his friends on the West Coast and Fire Island. I landed in both places and once again fucked myself into a silly stupor!

I left Fire Island, and on my way home I reached in my pocket looking for some dope, but found a unopened letter from my Mom that had been included in my Christmas present. Was I ever shocked. I discovered that twenty-seven years ago, my Mom-and-apple-pie Mom had been an IV drug user, a dope fiend, a junkie, when she carried me in her womb. Why had she waited all these years to share this intimate detail of her life with me?

I finally got home. Tired and exhausted, I was about to fall asleep when I reached back to scratch my ass. Ouch! There it was, the horrible evidence of infection, *an inflamed mosquito bite! A fucking diseased mosquito bit me on my asshole!*

And that's the story of how I became an infected faggot.





# Your Money or Your Life!

## Adventures with "The Pharmacy America Trusts"

For a short while last year\*, your Humpy Editor was in between insurance plans and noticed that pharmacies took that as a cue to charge more for prescription drugs. In one case, I paid \$42.59 for a drug that used to cost \$32.00. The pharmacy made \$12.59 more profit every time

they sold the drug to a hapless customer without insurance.

The same scene is repeated at prescription drug counters across the country: customers without health insurance pay more, in effect subsidizing those fortunate enough to have insurance. This inequity is maintained by the bargaining power

of insurance companies, who can negotiate low prices because they represent large groups of consumers. Even so, insurance companies don't tell pharmacists what to charge customers without insurance—the pharmacies decide for themselves. I decided to write a letter to the Walgreens store at 18th and Castro in San Francisco. For those who haven't been to this particular Walgreens, it's a little different that the ones in the heartland of America. Not only can you get an AZT prescription filled at 3:00 in the morning, you can also buy Hot Lube. However, answering letters about cruel pricing policies is evidently not one of their services. After six weeks of no response, I sent a copy of the same letter to Walgreens corporate offices in Illinois (where the local stores probably don't sell Hot Lube.) They wrote back; my letter and their response appear below.

April 10, 1996

(to Walgreens in San Francisco)

May 28, 1996

(to Walgreens corporate offices in Deerfield, Illinois)

Dear Walgreens:

I noticed that you charged me more for prescription drugs recently when I

didn't have health insurance. For example, you'd charge me \$42.59 for 10 mL of Crolom 4% (NDC 24208-0300-10) when I had no insurance, and \$32.00 now that I have a Blue Cross Plan. My current insurance requires me to pay for prescription drugs myself; I'm later reimbursed by my insurer. (I receive no reimbursement for the first few prescriptions because of a deductible.)

With or without insurance, I've paid Walgreens in cash for my prescription drugs. If anything, Walgreens job is more time-consuming now that I have insurance; your staff fills out a form each time I have a prescription filled. It seems cruel to me that you require those who don't have insurance to pay more for their drugs. I'd love to know why you do this. Why is it that you can't charge anyone \$32.00 for 10 mL of Crolom 4%, for example?

sincerely,  
Tom Ace.

June 18, 1996

Dear Mr. Ace:

Thank you for taking the time to write us. I apologized that you received no response to the letter you sent to our store at 498 Castro St. I will make inquiries to find out why they did not answer your original request.

To address your question regarding prescription pricing, Walgreens strives to keep our prescription prices low and fair. The pricing not only reflect price comparisons of our competitors in the market place, but also consider our operational costs. (i.e., rent/real estate, taxes, and cost of living).

As far as pricing for an insurance plan, the basis for our prescription charges is determined by contract negotiations between our company and the insurance company or their agent.

The details of our contracts are confidential, but some of the considerations are: number of people in the plan, market share, sales, plan specific costs, and changes in labor costs. These main points determine the purchasing power of an insurance company.

Again, I apologize that you received no response to your first letter. I hope this explanation is helpful to you.

Sincerely,  
Perry D. Don, R.Ph.  
Manager—Third Party  
Operations

Sorry, Walgreens, but your explanation is not helpful to me, nor to anyone without insurance who needs prescription drugs. If, as you say, "Walgreens strives to keep prescription prices low and fair" you must see something wrong with uninsured customers subsidizing those with insurance. Call me naïve and idealistic, but I don't think that's fair.

Please understand that I don't mean to single out Walgreens, or even pharmacies in general. Inequities of this sort are commonplace in American health care. The next time you hear a politician say our health care system is fine and doesn't need any attention, send him or her a copy of this article. —T.A.



## GET FAT, don't die!

### Honorable Mom's Chicken and Dumplings

4 chicken half-breasts  
salt and pepper to taste  
flour  
Crisco or your favorite oil  
celery, carrots, or peas (optional)  
1 can Campbell's chicken broth  
1 can Swanson's chicken broth  
2 cups Bisquick  
¾ cup milk

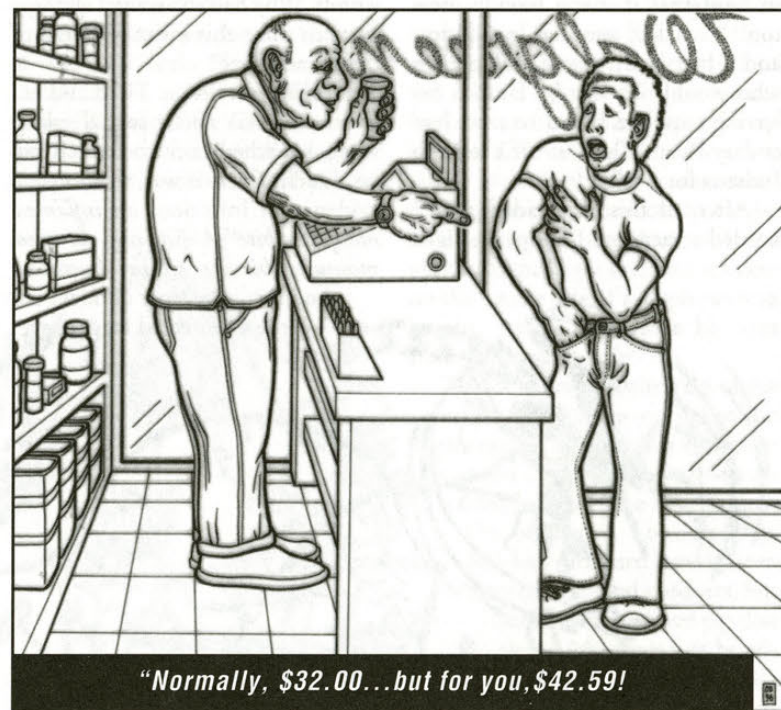
Wash the chicken and pat dry. Season with salt and pepper to taste, and coat with flour. Brown with Crisco in large pot. Add chicken broth, and any vegetables you desire. Boil for 15 to 20 minutes. Add a little water if necessary after boiling.

Mix the Bisquick and milk. Drop by large spoonfuls into the chicken broth (they should float). Cook for 10 minutes uncovered, then cover and cook an additional 10 minutes. Comforting and bland, a fine dish for weight gain after unpleasant hospital visits.

### Honorable Mom's Easy Rice Pudding

2 eggs, lightly beaten  
½ cup sugar  
1 teaspoon vanilla  
1 cup milk  
1 scant cup cooked rice  
nutmeg to taste

Preheat oven to 350°F. Smooth rice into a small baking dish. Mix the eggs, sugar, vanilla, and milk thoroughly, and pour over the rice. Sprinkle the top with nutmeg or your favorite spices and bake for 40 to 45 minutes. Cool and refrigerate.





# If Thine Eye Offends Thee...

## How I Fought CMV Retinitis and Lost

**8:00 am**—As I was getting milk for my cereal from the refrigerator, I glanced at the Amsler Grid on the door, as I do every morning. A big chunk of the lower right visual field of my right eye came up missing. The absent part was a neutral grey, but shimmered and appeared to change shape. Uh-oh, I thought, another milestone in my HIV career: CMV Retinitis.

**8:15 am**—I called my personal physician for a referral, after telling him of my morning discovery. "Who told you to use an Amsler Grid?" he asked. Uh, gee, I got it and some health info at a conference a couple of years ago.

**2:30 pm**—I signed in at the ophthalmologist's office. While waiting, I entertained myself by playing with my new blind spot. Using the affected eye, I could make the receptionist's head disappear, but have the wallpaper pattern continue down to her shoulders. Very spooky. Using both eyes, on the other hand, tended to mask the deficit, making it much harder to notice.

**3:45 pm**—I had my eyes dilated. A few minutes later, an attendant took photos of my retina, and asked me why I was there. I explained the morning's revelation. "Who told you to use an Amsler

Grid?" she asked accusingly. Hmm. I got it from a cereal box, you ninny.

**4:00 pm**—I was seen by the eye doctor. Actually, he wasn't the doctor, but a sorcerer's apprentice. (The price you pay for going to a teaching hospital.) He donned a helmet bristling with instruments, shined a light into my eye, and saw... nothing. Nothing? That's impossible. He asked me about migraines. I'm familiar with migraines and I was sure that this was not the sort of visual disturbance one would see. A bit confused, he asked his sorcerer mentor to come have a look.

The real doctor came coasting in on a wheeled stool. He asked me what was wrong. I told him, and the inevitable question came back: "Who told you to use an Amsler Grid?" Get real! I fucking channeled Amsler last night, and with a beatific smile, he said, "Here, my child, I think you need one of these." Come on, guys, the Grid is hardly a state secret; I know lots of people who use them every day. Is this a copyright issue? Should we expect attorneys dropping by to tear them out of our kitchens and bathrooms, unless the learned Dr. Amsler gets his royalties?

The doctor put on his own ocular headgear and commenced the exami-

nation. He tapped my shoulder and said, "Come down where I can see you, boy, show some respect for the elderly. Ah yes, there it is." He shot a withering look at the apprentice, "My god, man, you can't see it? It's as plain as day! Wait... what instrument did you use?" The apprentice meekly held up a piece of hardware. "All hell, you couldn't find your own butt with one of those. You gotta know when the old tools are the best! Use this!" He grabbed his own headgear and threw it at the apprentice, who looked like he wanted to cower in the corner, except for the fact the real doctor yanked him over to look at my eye again. After a minutes he continued, "Okay, if you haven't found it by now you'll never see it. Give me back the 'scope. Yep... there it is, ketchup and scrambled eggs, just like the textbook. An exquisite example, symmetrical, just beau—Oh, sorry boy, no offense intended. Well, young man, today is your lucky day! You've got two CMV lesions on your retina, one near the macula, and the other near the disk. If you'd come a week later, you'd probably have lost all sight in that eye." Hooray.

He called all of the other sorcerer's apprentices in the building over to

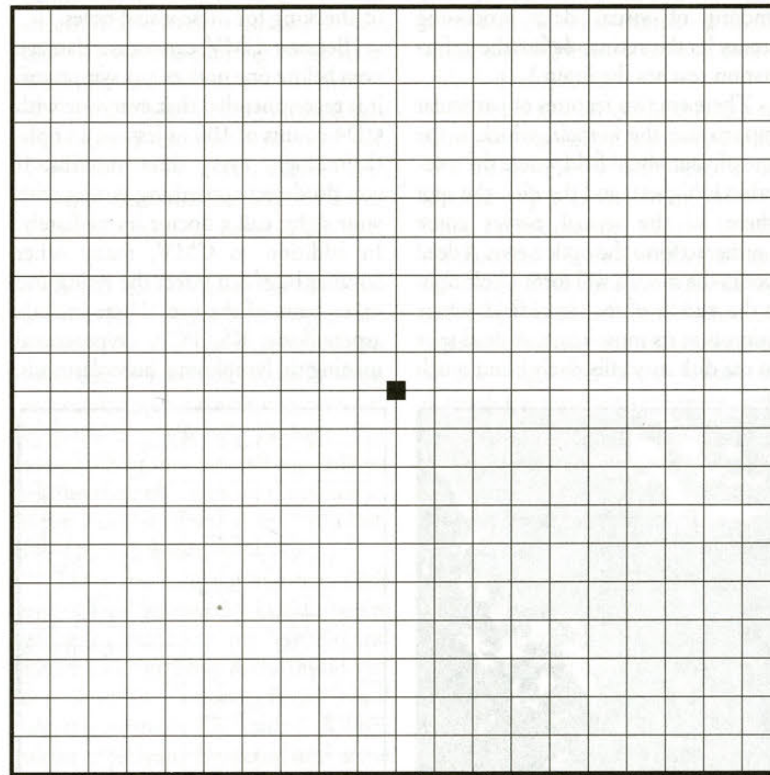
look at my exquisite, symmetrical, beautiful, textbook retinal lesions.

**5:00 pm**—The ophthalmologist had called the infusion clinic, so they were ready with a nice big bag of ganciclovir to pump into my veins. I was taught how to infuse myself at home, so I'd be spared the daily sights and sounds (and smells) of the infusion clinic.

**8:00 pm**—My equipment arrived at home. An IV pump, all of the plumbing fixtures, twenty-eight bags of premixed ganciclovir (a two-week supply) that had to be stored in the refrigerator, and a chemo spill kit. Supposedly, ganciclovir is toxic nastiness incarnate. If I spilled any, I was obligated to put on the included

apron and deploy the spill kit, taking care to properly place the yellow ribbon proclaiming the helpful **Contamination! Do Not Cross! Call the proper authorities immediately!** Great, and the bags sat in the refrigerator, right next to my roommate's cold cuts. I wondered how the garish **Danger! Cytotoxic!** stickers would affect his appetite. And you want me to put this in my veins?

**8:00 am**—Next day. I hung my bag, docked with the pump like a pro, and prayed that the Mormon boys and Jehovah's Witnesses who were making the rounds in the neighborhood would pick this time of day to try to come and save my soul, heh heh.



Behold: the coveted Amsler Grid

## COME SWIM IN MY LIPID POOLS

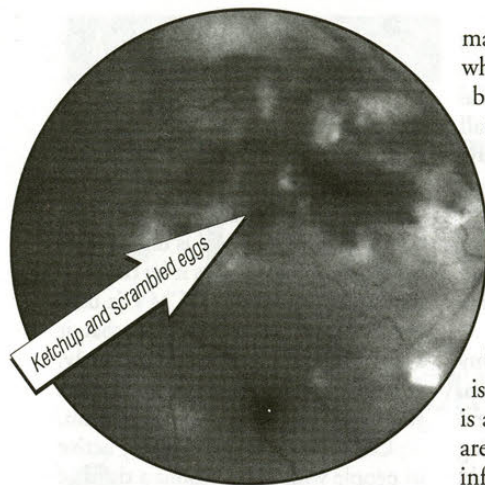
CMV retinitis is an infection of the retina—the visually sensitive lining of the back of the eye—by cytomegalovirus, a member of the herpes family of viruses. CMV is ubiquitous, nearly everybody carries it by the time they reach adolescence. CMV is usually a "good" virus, meaning that it keeps a low profile, reproduces slowly, and avoids causing infirmity—unless you have a weakened immune system.

CMV can become virulently active in people with HIV. About a third of people living with AIDS will develop some visual impairment from CMV. People with CD4 counts of 50 or less are particularly at risk. In an active infection, CMV particles float around in the blood, getting deposited throughout the body. The retina of the eye is very well supplied with blood vessels, causing many particles to lodge there. Although CMV can infect any organ, it is most obviously noticed with retinal cells, which it chews up with great relish.

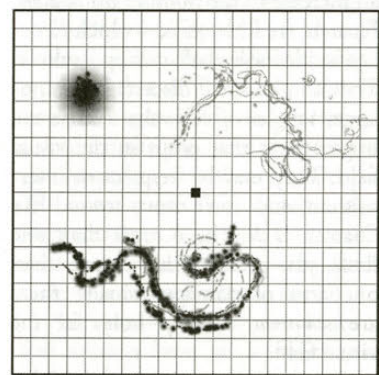
The symptoms of CMV retinitis are varied. Here are some of the things to look out for. The appearance of (or an increase in the number of) floaters. Floaters are little objects which circulate inside the eyeball, casting shadows. They can be small discrete bodies, or larger tangles of cobwebs. *Flashes* are bright flares that erupt in the visual field. They may be frequent or intermittent, and don't move around like floaters. If you have more than one flash, you probably have more than one area of damage. Finally there are *scotomas*, spooky holes in the visual field.

There are several ways to check for visual field deficits. Looking at the clear blue sky or a blue TV screen

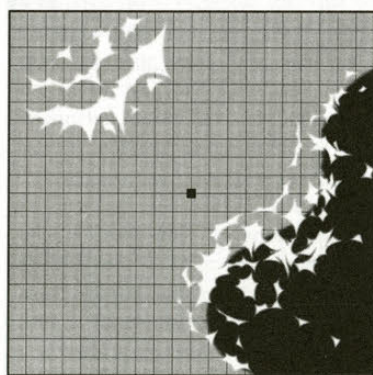




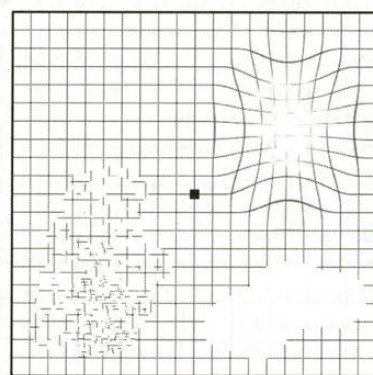
makes floaters and some flashes highly visible. It also renders visible individual red corpuscles, which may be mistaken for those two symptoms as they stream through the capillaries of the retina. Other things may contribute to the population of floaters. For example, I had a case of pneumonia the previous month. The near constant coughing had shaken so much junk loose in my eyes that I really couldn't tell if the extra floaters were due to retinal disease. Flashes can appear at any time. They may be constant, or take quite a while in between appearances. They



**Floaters...**



**...Flashes...**



**...and Scotomas**

may indicate retinal detachment, which must be looked at immediately because it can quickly lead to total vision loss. Detachment can be treated if caught early, so don't be afraid to bug your doctor.

Finally, there's the coveted Amsler Grid for finding scotomas. Scotomas are elusive prey. They may appear as faded spots, dark spots, blurry or warped areas. This variation is because the retina is such a complex body. How badly it is affected is a function of how much area is covered and how deep the infection has spread. The retina is an organ many cells deep, with a complicated tapestry of photoreceptors and individual nerve cells. (A goodly amount of visual data processing occurs in the retina, *before* the information reaches the brain.)

There are two features of particular importance: the *macula*, which is the core of your visual field where the resolution is highest, and the *disk*, the spot where all the retinal nerves come together to form the optic nerve. A dead spot in the macula will form a hole right in the middle of the visual field, where vision is at its most acute. A dead spot on the disk may effectively blind much

larger parts of the retina, since all the nerves from the entirety of the retina must pass through that small space.

The Amsler Grid is a regular array of vertical and horizontal lines [see page 12], with a spot in the center. By staring at the ordered pattern of the grid, there's an excellent chance of catching any perceptual irregularities that might go unnoticed if the image were of a landscape or other natural setting. Scotomas escape such notice in everyday life because we are surprisingly tolerant of missing parts of our visual field; we aren't disturbed by our eyes' natural blind spots, for example. However, paying close attention to one's visual field while viewing The Grid is an effective household means of checking for these visual holes.

Because CMV can cause damage even before one notices any symptoms, it is recommended that everyone with CD4 counts of 100 or less see an ophthalmologist every three months. If you do detect something wrong with your sight, call a doctor immediately. In addition to CMV, many other familiar bugs can infect the retina and other parts of the eye. These include aspergillosis, KS, PCP, cryptococcal meningitis, lymphoma, histoplasmosis,

toxoplasmosis, syphilis, and severe anemia, so try to find an ophthalmologist who has experience with HIV. If you don't know where to start, ask your personal physician, or check with your local AIDS services organization to see if they can offer any recommendations.

## A LIMITED BUFFET

What about treatment? There are two well-established ways of treating CMV retinitis: infusion with ganciclovir or infusion with foscarnet. Both are powerful and poisonous meds that can really screw up the rest of the body.

My case with ganciclovir is a typical example of the drug causing severe side effects. After a week of infusing myself, I felt sick and was running a high fever. Since my doctor had put the fear of God in me about seeking medical care promptly, I checked into the ER, where they always have a spot reserved and my paperwork already filled out. The advantages of being a frequent flier.

Blood tests revealed that my bone marrow had been severely depressed, courtesy of the ganciclovir. I was immediately taken off of the IV drug, and put in line for something new—an intraocular ganciclovir implant. Yes, thousands of tiny time pills, gently releasing their contents over a period of eight months. There's one little hurdle—getting it into the eyeball.

The nurse told me that it is done under local anesthetic. Local? You're going to puncture my eyeball and suture a foreign body to the inside, under a *local*? Don't worry, she said, we'll use the Amnesia Cocktail: a delicate blend of Ativan, Demerol, and some other juju which interferes with short-term memory production, leaving one free and unburdened by the images of

haunting surgical experiences. Experiences like the surgeon numbing the lid and skin around the eye with Lidocaine. Like the surgeon taking a big needle and plunging it between my eyeball and its socket, thus numbing the orbital muscles. Like putting a suture into the outside of the eyeball so it can be pulled around as needed. Like the incision that breached the cherished interior. Like having the implant stitched to the inside of the eye. Like feeling the hole being sutured shut *as the Lidocaine wore off*. (All this was recounted later by a nurse.) The Amnesia Cocktail has one other pleasant quality. As its effects begin to dissipate, you're left with the warm fuzzy feeling that your surgical team was the most competent in the whole world. Hmmm, is mind control a kind of malpractice?

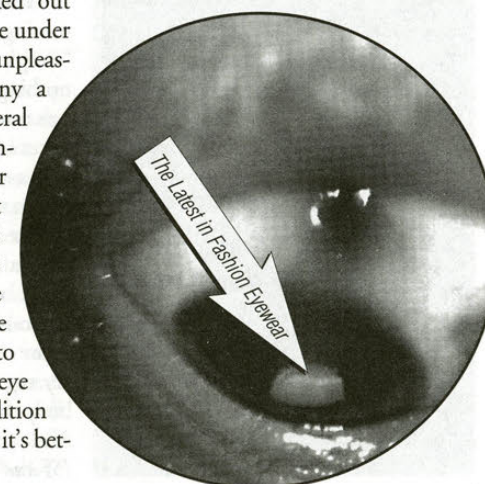
When I awoke, vision through the right eye was tinged a murky amber. The bone marrow suppression had lowered my platelet count, allowing blood to leak into the vitreous humor, the fluid that fills the eyeball. I couldn't see the implant, but its presence was advertised by an enormous cobweb of floaters. Over the next few weeks, some of the suspended blood leaked out through the pupil into the space under the cornea, where it made an unpleasant sight that nauseated many a passer-by. Now, after several months, the various surgical insults had healed over, except for one thing. Vision in my right eye is still cloudy. The implants cause the formation of cataracts (a clouding of the lens). It's like trying to see through a thin haze of cigarette smoke, enough to lower visual acuity in the right eye from 20/20 to 20/30. The condition is permanent. But, I tell myself, it's better than the alternative.

## POSTSCRIPT: JUST WHEN YOU THOUGHT IT WAS SAFE TO GO BACK INTO THE WATER

Ah, my poor nauseated and/or bored readers, I regret to inform you that this is not the end of the story. There's more, much much more.

A couple of months after my aforementioned adventures, I noticed a new visual field deficit. It seemed to take up the whole right side of my right eye, and it was *big*. Moreover, it shimmered and pulsed like the afterimage the Sun or a bright light leaves in its wake. Oh shit, I thought, retinal detachment. I called the eye doctor, gently settled into my car, and caaaarefully drove to the hospital.

God must have been smoking His newly created opium when he designed the vertebrate eye. The retina is built backwards, with the visual receptors (the rods and cones) at the bottom—facing backwards, with a layer of the supporting nerve cells in the middle, topped by a network of blood vessels. Light must pass *through* these overlying layers to be perceived by the cells below. Rods and cones are not physically robust, and are firmly wired to the mat of dendrites and





## GET FAT, don't die!

### Biffy Mae's Squid-on-a-Stick

Let's see if having better designed eyes helps the little fuckers defend themselves in the kitchen.

1 pound little squid (*Loligo opalescens*)  
olive oil  
4 cloves of garlic, minced  
several grinds of fresh pepper  
several sprigs of spearmint, chopped  
salt to taste

or forget the above and use teriyaki or  
barbecue sauce

Cleaning squid is a (heh heh) visceral experience. Grab one end by the tubular body, the other by the head, and pull. The head should come out with the organs attached. Cut the tentacle ring from the head, and discard the rest of the head, including the little beak at the center of the tentacles. Set aside. Feel the inside of the tubular body for the vestigial cuttlebone, and discard along with any remaining viscera. If the purplish color is offensive, rub the skin off under cold running water.

Cut almost into separate rings, but leaving them connected along one side. Mix your marinade ingredients, add the squid bodies and tentacle and let sit for an hour. When ready, thread bamboo skewers through the bodies and rings, and grill outside for a few minutes on each side. Don't overcook! They turn into rubber.

If you're using teriyaki sauce, there's no need for them to marinate. Just brush it on and cook. If you're using big squid (say one- or two-pounders), clean and slice into thin strips for grilling. Don't forget to invite the squeamish neighbors.

capillaries overhead. With some tension on the top, and nothing below, the receptors are essentially vacuum-sealed, rather than glued, to the wall of the eyeball. \*CMV chews holes in the retina. If it chews all the way through, the seal is broken, allowing the tapestry to float away. This is retinal detachment. Once in suspension, movements of the eye and bumps to the body can cause the retina to tear and shred, severing nerves and destroying vision.

My ophthalmologist and I discussed the two options I had, simple laser surgery or big scary invade-the-eyeball surgery. Given my anemia and tendency to hemorrhage uncontrollably, we settled on laser surgery. A laser beam, focused onto the retina through the pupil of the eye will create something like a spot-weld, melting the retinal layer and the wall of the eyeball together. First a defensive line is laid out to stop any advancing tears, and then the rest of the retina is tacked back into place. The laser also cauterizes as it burns, supposedly preventing blood from leaking into the vitreous body. There is vision loss in the spot-welded areas, but hey, as I said earlier, it's better than the alternative.

The little brochure I read in the waiting room describes laser surgery as a "simple little outpatient procedure," nothing to get excited about. Bullshit. It was one of the most unpleasant experiences of my life. My head was strapped into a cradle so as to not run away, and then a special lens, covered in K-Y, was jammed into the open eye to flatten the cornea and prevent blinking. And boy did I want to blink. My screaming nervous system was pleading *overload, please shut down, NOW!* Each incendiary zap made me aware of places in my body that I never knew existed. It hurt! And to complete this over-the-top *Pit-and-the-Pendulum* experience, each

blast of the laser was accompanied by a bracing sizzling-bacon pop. Oh, the pain, William, the pain.

It took a while before my sight cleared and I was able to stagger home. Shit, I thought, could the other operation be any worse? At least you're under a general anesthetic. Lucky me, I was about to find out.

### BEWARE WHAT YOU WISH FOR

That evening, my eye hemorrhaged in the area that had been cauterized, much to everyone's surprise. My doctor had treated several hundred patients, and had never seen such bleeding from laser surgery—another anecdote for the medical journals, I suppose. Within minutes, vision had been reduced to a dull red blur. Since it was impossible to see what was going on, an emergency ultrasound was done, revealing a new detachment, much larger than the previous one. No choice now: getting strapped to the slab for surgery. Even as an emergency, the specially equipped operating room was booked up with poor slobos who had problems worse than mine; I had to take some Valium and wait until the next day. By then, vision had settled to a brown gloom.

The operation is delightfully macabre. After being knocked out by anesthesia, the patient is strapped to a special table whose surface can tilt and rotate. A kevlar band is tightened around the eyeball to plump it into a more convenient shape for reattachment. But before that, the bloody vitreous fluid had to be removed. They drained, and drained, and drained, until what they were flushing out ran clear. Blood clots were the next thing to be attended to. There was one fat one sitting on the retina. If it was stuck, removing it could cause another tear. It refused to

budge from the flushing, so the doctor held his breath and plucked it off manually (without a hitch, fortunately).

Now it's time for the rack. By pitching and rolling the table, the patient is oriented so the retina will settle back into place. Then the eye is filled with silicone oil, and a bubble of inert gas is slipped in to pressurize the fluid. This causes the retina to be pressed flat, hopefully back into place. Now, after the incisions in the wall of the eye are sutured shut, the argon laser is again used to fix the retina in place. Whew! Four hours and one dry, abraded, and whittled cornea later, it was over.

When I woke the next day, I didn't feel nearly as miserable as I had anticipated. Sure, the right eye felt like it was full of crumbs, and there was a dull ache, but nothing that I couldn't stand. Being the ghoul that I am, I immediately peeled back the bandages and saw what science had wrought.

Hmm, not too bad. Strapping the belt around the eyeball had messed up the conjunctiva, which was a solid red. The cornea was dull and a little ragged around the edges where it had been scraped. It sagged a little, looking a bit deflated. There were a few odd transparent threads sticking out here and there, remnants of the sutures. My eyelashes had been trimmed off. Ah, but the best part: as I looked through the dilated pupil, I could see the boundary line between the fluid and the gas bubble in the eye. By moving the eye back and forth, I could make the fluid slosh, recreating the appearance of those old Wash-O-Matic upright laundry machines.

Maintenance was straightforward. I had a variety of drops that the eye needed: antibiotics, a dilator, a corticosteroid anti-inflammatory, and some germicidal goop to spread on the eyelids. I went back for checkups twice a week. One thing was a bit of a pain. The fluid

and gas that had been introduced into the eye have different indices of refraction than the normal vitreous fluid, leaving only the crudest vision possible. Over time, the foreign elixir dissipated and was replaced by new vitreous fluid. Vision returned to normal.

Well, almost normal. The belt wrapped around the eyeball is meant to remain there indefinitely. Since it changes the shape of the eye, it also changes the optometric prescription for that eye. I went from minus-6 diopters (very nearsighted) to minus-9 diopters (extremely nearsighted). Also, the foreign fluids in the eye exacerbate existing cataracts and create new ones. Ideally, I should have kept my head facing the floor, to minimize the contact between the introduced substances (which float to the top) and the lens of the eye. This, however, is not always possible. My cataract got worse, leaving the right eye correctable to 20/60, which is pretty lucky, I think. It's not uncommon for people to come away with 20/200 vision, or worse.

So what's to be learned from all this, aside from the fact that the universe is unfair? Early intervention. At the first suggestion of trouble, call the doctor. If the doctor is unresponsive, get a hold of your medical group's ombudsman and threaten to sue. Ask your local AIDS services for help, even if it means having them badger your medical professionals. Don't hesitate to be insistent; I know someone whose physician (yes, from an HMO) strung him along for nearly a month before the problem was taken seriously. Meanwhile, he had the horror of watching his vision deteriorate day by day. The result was unconscionable and completely unnecessary. All I can suggest is to arm yourself and be prepared.

Hopefully, reading this article will be the closest thing to CMV that you'll ever have to experience. —B.T.

## GET FAT, don't die!

### Biffy Mae's Bastardized Moussaka

1 large eggplant  
½ cup olive oil  
4 cloves of garlic, minced  
several grinds of fresh pepper  
several sprigs of spearmint, chopped  
salt to taste

2 cloves minced garlic  
2-3 large shallots, minced  
1½ pounds ground lamb or beef  
salt and pepper  
cinnamon (optional)  
nutmeg (optional)  
dash cayenne pepper  
2 cups crushed tomato  
1 cup unseasoned bread crumbs  
½ cup Parmesan cheese

Preheat your oven to 425°F. Slice the eggplant into ½ inch rounds. Discard the top and bottom, sprinkle with salt, and soak in water for about thirty minutes. (This removes the tannins that might taste bitter.) Does the marinade look familiar? Mix the ingredients and pour into a pie tin. Dip the eggplant slices on each side in the marinade and grill or broil a few minutes on each side—until the eggplant is just tender.

Heat the oil in a heavy pan, and sauté the garlic and shallots until tender. Add the ground meat, and cook for 5 minutes. Add the remaining ingredients except the bread crumbs and cheese, and cook for another 5 minutes. Mash down any clumps.

Alternately layer the eggplant slices and the meat in a 9-inch square casserole. Mix the Parmesan and bread crumbs, sprinkle over the top, and bake for 20-30 minutes, or until the top is nicely browned.

Cinnamon and nutmeg sound odd? Give it a try! It's surprising.



# PLASTER BLUEBIRDS

by Mikey Halliday

I arrived at the realization that I was living in the midst of a crisis when I noticed that half of the names in my address book had been earmarked for obituaries. However, my diary had clearly documented every fantasy a bored queen could care to pursue: sushi with Sam, flotation with Phillip, and workout with Wandai (you camp dog, you!). My social life had become autonomous to my social reality. I was drowning in a sea of love and in the back of my mind, usually when I'm about to blow my load, I hear these words over and over like the sea slapping against my thighs...

"Pretty green?"

"You're soaking in it."

Penciled in my diary on Thursday is an appointment with my homeopath. The fact that it was penciled in allowed me the option of a quick visit to the john. "Let beauty not get in the way of sex" I remind myself as some amorphous creature attaches his suckers to my penis. So I close my eyes, think of Lenny Kravitz and hope it's all over in time for my appointment. And, God I need to crap.

Now I am walking along an all-too-familiar street though it has been six months since I made this detour; since Craig died. My life had transformed into a series of brief conversations which are quite superfluous in the grand scale of evolution. In all my joy,

I was unutterably miserable. Craig had said that I was such a "Khaki Queen" given my military organizational abilities and my penchant for a man in a uniform. That's the sort of gratitude one gets for tending day and night to a fellow sister who spits the chips faster than she can cash them in. Anyway, I preferred magenta.

He sat there with legs crossed wearing a turban of fine silk. The nurse fussed with a few hot flannels, insisted that he should lie down for his wash. Refusing, he stood up off the bed and declared his own state of independence until he dizzied and lost his balance. I leapt to his side and offered a shoulder which he accepted, having remonstrated at the nurse to his satisfaction. He turned to me and asked my name to which I replied "Ian." He responded with a cackle, "You must forgive me, but I always forget my name on the first date," to which I replied "It's Richard, I believe." Confounded, he queried "Really? That's my name, what's yours?" The nurse nodded in courtesy to the conversation and I told Richard my name again as she washed him down. He had fallen asleep before I'd even finished my sentence.

I sat with a Christopher Isherwood novel determined to get past the first chapter. "Do you like to read?" inquired a voice from the depths of a feather-down quilt. "Sometimes," I

responded, aware that I was now alone in a stranger's house, for the nurse had left as promptly as she had arrived. "It is now only a pastime for me. I seem to have entered a remedial phase. Of course, my favorite pastime got me the way I am now. I was an innocent victim who lived a guilty lifestyle. *Comprende?*" "Oui." Richard spoke bluntly with an educated air to which I found some intellectual delight. "Of regrets, I have none except that I didn't fuck Peter the barman on New Year's Eve, 1978," he said while floating in a state of reverie.

Richard motioned for me to get his "treasure chest" of prescription drugs and described what each of them was for. "This is for the aching joints caused by this one. I take these two because I can't take antibiotics. That's for stress, they told me, and I told them *this* girl knows something better for stress than some damn little pill. It's not as easy as AZT?" He finished in chorus before he swallowed his last pill. As I handed him his water I said, "Craig was on AZT. That seemed to be working well for a while." To which Richard replied, "It was like a depthcharger to my system. I went down like the Titanic, and to think I was a healthy strap of a Shelley Winter lad. Skin and bones, girl, skin and bones."

A squawk from another room caused me to rise from my chair. A voice, not

of human origin screeched, "See, it does get in." Richard sat up with a child-like smirk on his face. "Don't mind Gerone. He only repeats what he hears on the giggle box. He is engaged in a terror campaign against everyone because my last caretaker put him outside since my bout of pneumonia." My eyebrows raised in question and to allow for a break before I asked, "What happened to your previous caretaker?" Richard twisted his body in the direction of the bird and indicated that the answer would be found within the cage. "We're a double act," he grinned fiendishly.

"Oh my. I'm down with another of those spots. I'm sure they give them to me at the hospital. *Here, have another spot, kiddo. Now you've got a matched set. Look at the way they fly across your stomach like plaster bluebirds on the wall!*" he declared with a delivery deserved of a PLWA addressing the nation on the unsightliness of Kaposi's Sarcoma. "After all, a queen with KS is not a happy queen."

Again I am walking along an all-too-familiar street though it has been six weeks since I made this detour; since Richard. My life has transformed, and in all my woe I'm exhausted and miserable. My mind and the minds of men like myself want to return to the scenes of our crimes of passion. We play the games that we wanted to when we were boys, only now the stakes are higher. Each pleasure has a list of instructions, and sometimes I think, "To Hell with..." and I could hear Craig interject, "For that's where you'll go."

Penciled in my diary for Friday is an appointment with my psychotherapist.

## THAT EVIL PILLBOX

*I began taking AZT in the summer of 1989. (Ah, AZT. It blackens the gums. It loosens the teeth. It sours the breath. It keeps you alive to ENJOY another day.) Back then, the Official Truth was that it had to be taken every four hours, no matter what. Great, the manufacturer wasn't satisfied with merely poisoning me with their product, they wanted to ruin my sleep as well. In addition, Burroughs-Wellcome must have owned some interest in the company that made my pill timer, as its price was almost as steep as the pills it carried.*

*While visiting LA during a school break, I found myself at the Hollywood Spa, a venerable institution in the Los Angeles bathhouse scene. After chucking my clothes into my locker, I slid into the hot tub just outside the locker room. Only a few minutes passed before my tub mates and I heard a shrill beeping coming from the direction of the lockers. We all smirked at one another, thinking "Hah, some bozo forgot to turn off his timer. He'll come tearing through here any second now, heh heh."*

*But no one answered the siren call. It was my timer that was beeping. I sank beneath the bubbles, willing myself to become invisible. It took a very loooong fifteen minutes before the damn thing turned itself off, and I felt compelled to stay at the Spa for as long as possible, so that the collective memory of the place would lose track of whose locker had been the locus of the event\*.*

*The next day, I sacrificed the pill timer in an elaborate ceremony. It was obviously a product of some evil plot by the Medical Industrial Complex to ruin the sex lives of gay men, and I wanted no part of it. I began keeping track of my pills by myself. Not long after, a new Official Truth was proclaimed, that taking AZT three times a day was as efficacious as the six-a-day regimen had been. Sigh.*

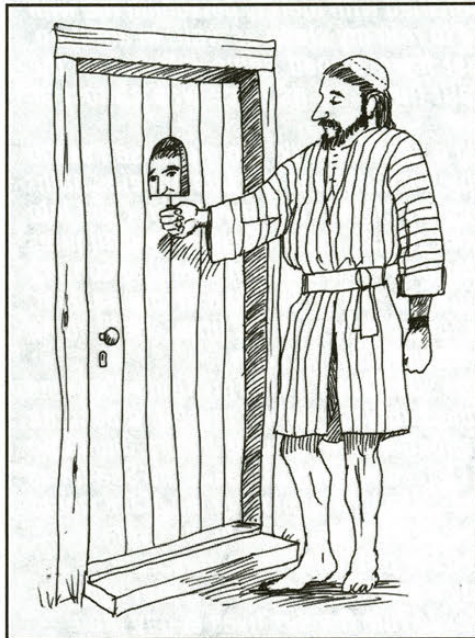


\* But not too long, lest the beeper signal the next round of pills.



# If Jesus Came To My House

by Kevin Bentley



"Easier for a camel to pass through a cock-ring than—"

"Yeah, yeah, right," Jesus would say. "Got any Old Reliable?"

If Jesus came to my house, He'd stay for nap time. "Could we all kneel for a moment?" He'd say.

"Yeah!" we'd answer, 'cause His robe would have fallen open, showing a pretty, slender white cock pointing heavenward, with a gold ring through the end, like a halo.

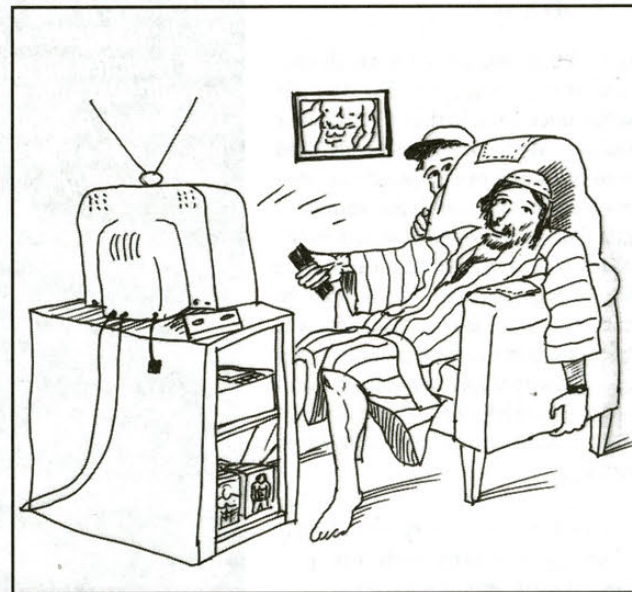
"What, no rubber?" Cal would say.

If Jesus came to my house, He'd probably have to do some fast talking just to get His foot in the door. Or maybe I'd mistake Him for the new home attendant. Even in that striped bathrobe, you could see He had AZT butt, so I'd let Him in.

If Jesus came to my house, I'd introduce Him to my lover, Cal, who's not feeling so well. "Travis! You're a year too late!" Cal would say, with a weak grin. That would really crack Jesus up.

If Jesus came to my house, I'd have to shut my gaydar off, it'd be making such a racket.

If Jesus came to my house, I'd show Him my magazines and videos. I know how to share!



"I work without a net," He'd answer. "Now suck that big messiah dick!"

"Jesus Christ!" Cal would yell, coming for the first time in months.

"Right here," He'd say.

If Jesus came to my house, we'd go for a walk. Some right-wing Christians with leaflets would get in His face: "Love the sinner, not the sin!"

"Excuse me?" Jesus would say, giving them all shingles with a tasteful Endora blink. He'd do some miracles: whisking everyone from Coming Home Hospice to the No Name Restaurant for lunch, with no wait for tables; turning Ensure into Piña Coladas; making somebody besides a sports figure famous for testing positive. He'd palm a handful of meds and lo! there would be a bucketful.

"Enough with the miracles," we'd say.

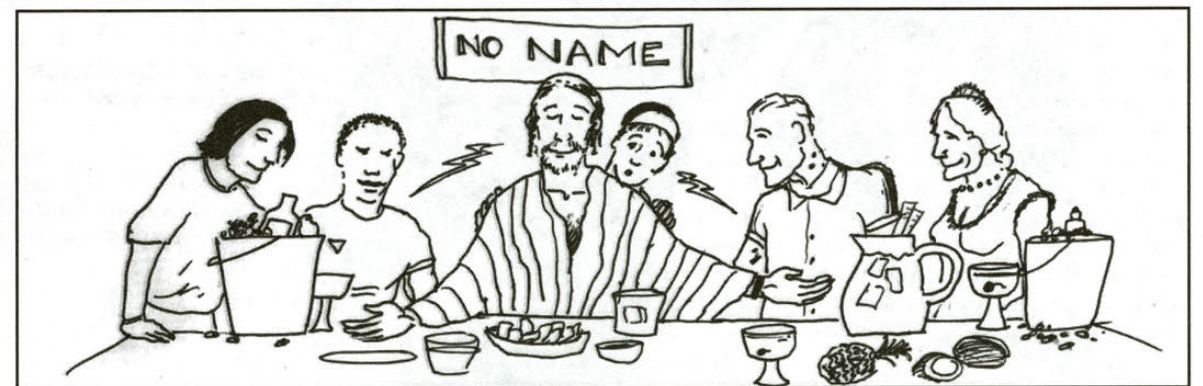
If Jesus came to my house, we'd ask the big questions, like: How come, anyway?

"I am that I am?" He'd say with a shrug.

"Cut the crap, Jesus," we'd say. Cal would show Jesus his couple of lesions and suggest a laying on of hands.

"Yuck," He'd say, but then apologize profusely. "I only do warts, sorry." But He'd give a great shiatsu massage.

If Jesus came to my house, and things had reached the worst, we might ask Him to help with Cal's assisted suicide. "Mary, you're playing my song!" He'd say. "God bless. Nitey nite. Here, let me help with that bag."





## The Well-Dressed AIDS Terrorist

In an age when fundamentalists cry about militant homosexuals, when people bearing syringes full of blood can rob banks, and where spitting in the direction of a police officer can result in a charge of attempted murder, we offer the AIDS terrorist. An archangel of HIV enlightenment, a hematopoietic Robin Hoodlum, taking HIV from the poor and giving it to the rich, or at least those rich that deserve it. He may become a martyr, but he'll do it with **STYLE**.

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for quick on-the-spot  
recharge of your pathogen  
delivery device

**Vintage Ordnance  
Belt** courtesy of  
Banana Republic

**Vacutainers™**  
filled with HIV-  
tainted blood

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synchronizable  
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**HAZMASK™** and  
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Body Glove are essential  
for nighttime skulking

Authentic Bovine  
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(filled with bodily fluid  
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with special gusset  
for freedom of  
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**Wigwam Wick-A-Way™**  
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super non-skid tread

OD  
96

# HOCKEY NIGHT IN CANADA

by J. F. Ibañez-Carrasco

.....

**I** love Vancouver because of its winter, where prolonged afternoons drip into night, mossy pipes collect the cool tears of the season. In the winter I can be sheltered from the elements, hidden from public view, secure in a cocoon of layers and layers of clothing. I hate the summer. Mesmerized by the litany of drops, one by one, the loose figments of my imagination materialize, one by one. In winter, I'm allowed to dream. I go surfing through the channels, sometimes stopping in the soothing pools of screen blue. Click, click, noise, click, drop, drop, click. I see hockey players. You know, square heads on the sports section of the six o'clock news, trampling through the locker room, bare chested, sweating buckets. When the camera zooms into a violent close-up, I can almost taste the salty beads. Well, you can cry me a river, I cried a river over you. Players talk about the game without making much sense at all. I'm transfixed by their features, the pouty, succulent mouth that articulates insolently all that nonsense. Inspired by these distant flickering images I relieve myself.

A hockey star comes into town incognito. He's a red-haired stud with a jaw line strong as a truck bumper and broad shoulders that could span from British Columbia to the Maritime if he laid down across the country. *Ad marejusque ad mare*. An inaccessible beauty of whom only a pale reflection of the original is seen on TV. A glimpse enough to make the girls sigh. He plays hard, spits blood, curses tough *fuck you, asshole*, curves his lips, spits again, pumps his hands, and rams ahead like a locomotive. But now he has taken five days off, unsupervised, and he drives hurriedly to Vancouver. Not for practice, nor retreat, nor for interviews; nobody really knows he's come this way. He steps on the gas. By the time evening has started to go stale, he checks into a cheap downtown hotel—\$39 a night, checkout is 11 am—under a false name. He shakes off the rain and grips his key. The old woman at the reception desk thinks he's a pimp or a drug pusher. None of her business, really.

He takes a shower, barely squeezing his humanity under the drizzle. He lights up a cigarette, coughs (doesn't really smoke), puts it out, turns on the TV, pops a beer can open. In the 11:00 o'clock news broadcast he watches his own bravado about an upcoming game back east, some international news, wars, hurricanes, budget cutbacks, who gives a shit. He orders take-out chow mein. The staccato high-pitched voice confirming the order, fifteen bucks minimum, irritates him. Why can't they speak English? He is restless and paces the room up and down in three or four strides, feeling caged. Turns on the paid adult channel and loses interest in the middle of his laborious erection. Checks the newspapers looking for an enticing expensive hooker, exotic, with an accent and skin color that will contrast nicely with his rosy, pinkish tone and freckles, maybe a transsexual. The idea of the hooker doesn't linger long. No way. Freaks. He chomps avidly on the chow mein, throws the sticks out the window and uses the plastic fork, fuck them. He washes the MSG down with big sips



of beer. Finally, after hours of hesitation, he gives up and goes out into the night. It's still pouring rain.

• • • • •

I don't usually go out; my health hasn't been that good lately and I find it too boring to be worth the effort. After years in Canada I still find gay bars in Vancouver are unfriendly, and I am too odd to be desirable to white gay men. Whatever, sour grapes I guess. I choose a small dark bar far from the West End. A dive frequented by the welfare set. Posing in trendy places, the smugness of beauty queens, the unfriendly service and the "gay tax" drive me nuts. I order a glass of soda, no ice please, no untreated water, no alcohol, no cigarettes, no greasy food—this virus is snatching away one by one the things I enjoy in life. It has taken away my taste buds, saturating my mouth with a metallic taste. It has taken away my friends either by killing them or making them tired of my deep funks. The virus is slowly creeping up my legs like poison ivy, plundering my cells and withering my tissues. Fuck it. So I sit in a dark corner, watching ragged hustlers play pool while being courted by old queens who hand out money, kisses, cigarettes, drinks, and compliments with trembling hands. I appreciate the boys' damaged beauty, their troubled youth stuffed into tight jeans, sleeveless plaid shirts, a smirk in the face, a growl in the stomach, and a sure shot with the pointer.

A red haired man, in Spanish we call them *colorines*, momentarily catches my eye. He's sipping a large glass of dark beer, his grip wraps around the entire glass. Like in Sesame Street, I can see that one of

these things doesn't belong with the others. The *colorin* glances about him, furtively taking everything in with uncanny emerald eyes. The poor lighting, the thick cloud of smoke suspended in mid-air, and the muffled disco music all collude to lend a cheap TV-series kind of intimacy to the place. They could play the Carpenters and have Charlie's Angels and Rock Hudson show up at the door at any time. I get up from my stool to leave, enough of this shit, as the red haired man stands to his feet, stumbles, bobbing his head a bit, and heavily falls to his knees.

He vomits. Right there, splattering my shoes as I walk by. I instinctively go and hold him up. The bartender is a fussy queen who thinks this is the fucking Hyatt. He frowns, smacks his lips, brings a mop and fastidiously smears the stuff around to no effect. The last call is announced over the loudspeakers. The red haired one is mumbling incoherencies and the manager comes over to tell me to drag my friend outside before he messes the joint up any further. What? I don't have a chance to explain. The *colorin* is being dragged by his left arm while he clings onto me with his right, towing me along like an anchor.

Outside. I flap my arms like a deranged hen for five minutes before a cab stops. I push the red-haired burden into the back seat. The driver asks me for directions, but I don't know what to tell him. I try to sneak away and leave the *colorin* to his taxi ride to nowhere, but the driver mumbles in his broken accent that he is either getting an address from me or is kicking the passenger's big white ass out of the car. I give the driver my address on the East Side and hop next to the *colorin*. Guess

he's going my way after all. We get there. Only when I offer the edgy driver a tip does he help me tug the huge bag of bones up to my apartment door. The driver drops the guy on me as soon as he gets his tip and runs back to his car, mumbling something nasty about motherfucking queers.

The *colorin* has been dumped on the floor by the door, barely inside. His face is swollen. I curse my fate and drag him a bit further into the place. I hope that he's not going to die here. What kind of explanations I would give to the paramedics? Who cares, one more fag story they'll say.

Well, what now. I finally have a man in my apartment and it means little or nothing. He's a mess and his drooling has stained his tank top. I remove his leather jacket and tank, and with some effort pull off his soiled jeans. Hmm. Not bad. He could be handsome if he wasn't so wasted. The classic repressed *gringo* who is unable to get laid when sober and drinks up until last call, only to stumble down the street to a dark park where he fucks or is fucked by anyone. This one didn't even get that far. He reacts momentarily and I help him get to the toilet bowl to spill out whatever's left of his guts, producing an acidic, pungent smell. Charming. I prop him up and prepare strong coffee which I make him swallow in big gulps. Two hours later I'm still nursing this idiot. I'm exhausted, I go out for fun and I end up taking care of some big white guy.

The paramedics won't be necessary, I decide. He breathes okay, his chest expands like a mountain. I'm about to go and lie down when the *colorin* comes to his squalid senses and starts a monologue which soon builds into a monotonous stream. Are

you Spanish? (No, I'm Latino.) Andale, andale, Mexican? Jalapeño? Si señor? He mutters the usual ignorant crap. Why ask? You don't give a damn anyway. Why don't you put a fucking jalapeño up your ass? Clearing his rusty throat with coffee he thoroughly describes the major landmarks of his paltry twenty-three years of life. Why is it easier to tell a complete and utter stranger everything there is to know about oneself? Anonymity is a great thing and that's why anonymous sex makes sense. Soon I have gathered more information than I really care to. He says he's this great star and he pompously pronounces his name, dragging an inebriated "essss". Whatever, a name I've never heard before. He pronounces it sloooowly so that I can understand—not my language you see—pronounces it with the arrogance of those who have the world at their fingertips. Tomorrow he'll probably regret this bout of confessions and beat the shit out of me so I won't say anything that can incriminate him. Maybe I can blackmail him and get some dough to pay my credit card bills. Dream on! I wish I could do things like that, but I'm either too clumsy or two scrupulous, I'm not sure which.

I asked him one lousy question and he launched into this epic guilt trip and psychological nightmare of wanting men, you know, really wanting them; but living normal. Normal! An hour later he's fast asleep next to my bed, empty of all revelations and belches. I think of taking advantage of the situation, if you know what I mean, but I'm exhausted. With my luck I'll get crabs or VD. It would be like playing with gooey dough, lots of it. I cover him and place a pillow under his fiery head

and reluctantly go to sleep myself. As I doze off I think that I should have hidden all the knives in the kitchen.

Next morning I wake up early with a savage headache and realize that I *have* seen this guy on TV. Big deal. The *colorin* lies inert until midday. What if his family and the police are looking for him and accuse me of kidnapping him? He snores placidly, the repose of a champion on my 1970s carpet of faded green laurels. I let him sleep. When he finally does wake up, I'm watching the Sunday afternoon cooking shows. He shakes his head several times and one wild curl of red hair falls down his left eye. He squints and a look of pain takes over his face. He looks like an adolescent. I hand him two extra-strength pills for the hangover and a box of tissues. He doesn't look me in the eye. He's shy. Isn't a bit too late for that now? He's silent and doesn't want to talk. I explain what happened to him and that his underwear, his jeans, and his tanktop were dirty and now they're almost ready to come out of the drier. I'll get them in a sec. I assure him that he was so inebriated he didn't say one intelligible word last night. He asks what intelligible means. He stands up heavily, roughly five foot eleven. Now the blanket drops, and he disappears into the bathroom. I hear a potent drizzle. I turn the TV volume up a bit, now there's several burps and a loud fart. I hear him stretch and moan. I turn down the volume a notch. Five minutes later he comes out stark naked and I can't help but notice his colossal proportions.

Now it's my turn to be uncomfortable. I sneak by and go get the laundry. I bring him coffee and toast and turn the TV volume down.

## GET FAT, don't die!

### Hard-Hearted Hannah's Chicken Infarction

olive oil  
3 chopped shallots  
4 large boneless chicken breasts  
salt and pepper  
mild Dijon mustard  
1 large or 2 small avocados  
8 slices of prosciutto  
4 slices provolone cheese

Even chicken dishes can be perverted into gut-bombs. Take plenty of Reglen® tablets to aid in digesting this truly tasty dish.

Turn on your broiler. Trim away any unwanted fat from the chicken breasts, but it'll taste better with the skin left on. Salt and pepper the chicken to your liking, and coat with Dijon mustard.

Heat the olive oil in a heavy skillet, sauté the shallots a couple of minutes, and then add the chicken breasts. Cook a few minutes on each side, until lightly browned. (Remember, boneless breasts cook a lot faster than those with the bone in.) Set into a broiler-safe pan.

Peel and slice the avocados, dividing them and putting the slices on top of the chicken breasts. Divide the prosciutto and provolone cheese, and layer those on top. Make sure that the avocado slices are completely covered by the stuff layered on top, or you'll be sorry.

Now the moment of anxiety. Put the chicken under the broiler *just long enough for the cheese to melt*. Avocados, when heated, turn bitter and nasty. Insulated by the prosciutto, they're protected for a couple of minutes, long enough for the cheese to do its thing. Serve with a crunchy salad or some other source of roughage.



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He has flipped the channel to some live game. I grab the remote control from his hand. He holds it for a couple of seconds but lets it go. The nerve. I quickly surf the channels. Where was Martha Stewart's Living? What's this? Fashion File? Fashion File would do. While he chows down on my 12 grain toast with "I can't believe it's not butter" I meekly tell him how to return downtown in a cab. He says thank you and smiles imperceptibly. I think he does. I gain courage. I don't know when to shut up, and give him a piece of my mind about gay bars, repressed *gringos*, closeted assholes, and homophobic men. He asks what I mean. Forget it. We get talking and an hour later we devour a pepperoni pizza which I order and he pays for with a humid fifty buck bill I put through the wash. Last night's cab fare was my money, after all. He takes a nap. Well, more like drowns into a stupor half seated against my bed. I wonder when he'll leave. I've turned up the heat—expensive. It's still raining outside. Is it raining men? Those stupid disco lyrics.

I think about this while Elsa Kiench on channel 23 is going on about some collection, black, always black. The truth is I am impressed the *colorin* is a real hockey star and that he confided in me. However, I prefer soccer. I am Latino after all. If I'm gonna sit with a man on a Sunday evening I'd rather watch soccer. Last time a straight guy set foot in my place (two of them in fact), was when the paramedics dragged me out on a stretcher. When I woke up in the ambulance and I saw those visions I thought I had met my maker, my tribulations were over. Wrong. They just dumped me at the emergency room. I have an

ounce of pride left so I resisted acting like a hysterical groupie. I'm ten years older than this guy. If experience amounts to anything I should keep my composure. The *colorin* wakes up, seems more animated as he eats another slice of cold pizza (the remainder of a large and a medium), drinks the rest of my only two-liter bottle of mineral water, no potassium, not carbonated, and takes two more extra-strength pills I hand him.

At this point something goes haywire. He's been sitting on the floor all this time and slowly kneels and leans forward. I swallow twice as I see his lips approach and gently land on my mouth. A soft and humid landing. I don't know how long it lasted, but it was 7.5 on the Richter scale, the epicenter around here, long overdue, scientists say. He whispers, "Thank you" and sets my body ablaze, makes my tatter, I mean titter, no, totter. I dive into the emerald pools of his eyes. I'm dazzled in the middle of my bed and could soon be roadkill. He climbs into the bed, surprisingly agile for such an enormous man, and locks me in his embrace. More kissing. Wait! I jerk away and tell him he doesn't really have to do this. I would have done the same for anyone, I didn't have a choice, the manager, the vomit, the taxi. The bed seems to shrink by the second with his voluminous presence... "Make ample this bed" Emily wrote. Honey, make it big. I know I'm missing a once-in-a-lifetime chance, but thank you, no, thank you. He smiles provocatively, wearing a grin of insolence, lust, and innocence. He says he feels differently about me. Oh please, give me a break. Get your shit together and leave. I can't

believe I've got this kind of pride in me. He holds me firmly by the wrists. Now comes the gay bashing. Where's the baseball bat? Again he pulls me closer with startling tenderness. I'm flushed. I resist his hug and I blurt out that although I find him attractive...very attractive, I can't do this because I'm HIV positive and I have some telling purple KS lesions on my legs. This stops him dead in his tracks. I knew it would, the perfect antidote for this foolishness. I know when to seize the opportunity, better retreated than rejected. A moment goes by and the *colorin* decisively pulls me towards him.

The evening is dark, darker than usual, everything messed up, the lamp by the bed having been knocked over. The pillows are drenched, a sharp smell hangs in the air, and time has paused. There are three, count them, three used condoms by the bed. With that skill and modesty one only sees at the movies I've conveniently slipped in between my crumpled sheets. He, the red-haired beast, placidly lays next to me with a satisfied expression on his face. I run my fingers through his abundant crimson hair to make sure that he's really there, not a mirage. I measure the depth and width of his chest many times, resting at the thick nipples, grazing through the rusty jungle of fleece, sniffing the acidic odor of his underarm and crotch. I kiss him until his mouth has run dry (it needs rinsing urgently). My body aches all over. His invasion has been intense and skillfully sustained. Something in me feels like a rose in bloom, a flower more beautiful than the purple flowers of my KS lesions.

It's late night again when he

finally leaves my apartment wearing the red X-large T-shirt I usually wear to sleep. His tank top shrank irreparably, but the jeans are okay. They were tight before the whole thing began, now they engrave every inch of his skin. A cold scent of full moon takes over the night. I'm exhausted but free. At the door I say goodbye wishing this was the perfect housewife dream come true, but I count my blessing. What I had was good. I stay inside the apartment with all the lights turned off, the TV turned off, and let the quiet tears roll down my face. I hear the sound of the rain trickling down the roof, washing away the streets and cooling my soul. A week later I receive a succulent money order in an envelope with no return address. A note says thank you.

• • • • •

*The dream ended there, as I thought it would. I've imagined many other scenarios in which my red-haired hockey player returns to tell me that he loves me and wants to start a crazy romance against all odds. We ride into the sunset. He comes out to his family and associates which makes national headlines for a couple of days. I'm photographed as a strange Latino fruit of desire that made the white boy go homo. I die in his strong arms which wrestle away the loneliness and despair of an AIDS hospice room. Not bad, eh? But it will never happen, nor am I sure I would want it too. Never wish for your dreams to come true because if they do, you're in deep trouble. What would be left to dream about? There's nothing after. The disillusion would be a lot worse than never seeing your dreams crystallize.*

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# THE FINE ART OF RALPHING

by Christopher Paw

For the past three years I have begun each and every glorious day with a horker hurl. Sometimes it happens first thing. I find myself rising from my slumber, stumbling to the bathroom and diving head first into the toilet. Sometimes it happens when I'm showering, or shaving or even when I'm trying to enjoy that relieving first dump of the day. It has even happened as I was opening the door to our apartment to leave for the day. I have come to welcome that gut-retching, vice twisting con-

vulsive state as an integral part of my daily ritual. Once my puke is complete, I know I can go on with my planned activities. The vomit itself is a horrific yellow, sometimes green bile that I swear begins its journey at the precipice to my intestines.

Defying gravity, it sometimes slithers, sometimes erupts, through or beside every major organ in my body until it comes plopping out into the chemically treated blue sea of my toilet bowl. It really is a Linda Blair experience.

EXPEL

DISGORGE

BARF

SPEW

PUKE

THROW UP

CALL RALPH ON THE BIG WHITE PHONE\*

HURL

WRETCH

BLOWING CHUNKS

UPCHUCK

LOSE YOUR COOKIES

REGURGITATE

VOMIT

It is thick. It is mucousy and it is a daily reminder that I have HIV. But that's not necessarily a bad thing. When I was on AZT, I resented being reminded five times a day that I was infected. But this daily ritual doesn't have the same effect. Perhaps because it's natural and not invented by the medical community. Perhaps because it only happens once a day. Perhaps I'm just older and hopefully a little wiser and feel better about myself. So I use the reminder to ensure I make the most out of the day. (Once I stop sweating and get my head out of the throne.)

Not to quell the aspirations of all the aspiring arm-chair doctors, but I have had this condition looked into. First response from my Primary Care was that it was a lifestyle problem. So I gave up my coffee (for a couple of weeks). I still puked. Then I gave up spicy food (the chronic thrush means I eat more so I can at least taste my

food). Still vomited. I got more sleep. More of the same. I switched vitamins and changed medications, changed my morning routine, changed my evening routine, drank lots of water, drank less water, stopped eating red meat, slept on the other side of the bed and even, for a short while, gave up my booze. Nothing has worked.

My Primary Care wanted to continue looking for the cause. We went through tests and more tests. But, of course, he came up empty. Finally, even though he wanted to continue searching, I gave up and began accepting my fate. Though it still bothers him, I think I'm finding a contentment level with the yellow slime that starts my day. In the end, I guess it could be much worse. And someday will be. So for now, I just go on. But if you'll excuse me, there's a screwdriver being twisted in my gut right now.

## Technobabble

DPN is made possible by the makers of adriamycin, albuterol, ativan, bleomycin, amphotericin-B, AZT, 3TC, d4T, biaxin, ceftaz, cytoxan, demerol, dilaudid, elavil, ethambutol, ganciclovir, indinivir, itraconazole, idamycin, levofloxacin, neupagen, oncovin, percocet, procrit, reglen, rifabutin, ritonavir, saquinavir, septr, soma, sustiva, testoderm, (don't you hate it when people use both generic and product names, in no particular order?) tobramycin, vicodin, zantac, zoloft, zosyn, zovirax, total parenteral nutrition, and countless other poisons, procedures, and appliances that have managed to keep some of Your Editors' gangrenous carcasses alive long past their appointed times.

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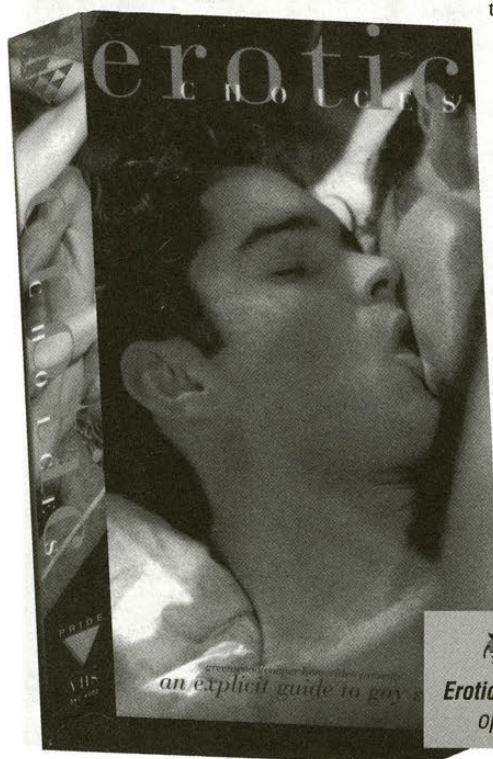
Reverend Dr. Marc Belletini: pp. 19 and 20; Kira Od: pp. 9 and 21; Mod Bob: pp. 2 and 37; Beowulf Thorne: pp. 3, 7, 8, 12, 13, 18, 29, 30, and 38.

Humbly designed, scanned, and composited by Beowulf Thorne and his trusty Mac, with lots of help from friends.



# Erotic Choices: Monty Python's Guide to Safer Sex

**B**efore we get into the movie review, Porn Potato would like to clarify something. We don't duck difficult questions here at DPN, but there's a new one that's downright disturbing: Which one of you guys is Porn Potato? Porn Potato is shocked and saddened that, after all these years, his nature is not more obvious. However, rather than succumbing to his anxiety and committing suicide in a Pringle's® factory, he'll try to explain himself.



You see, the question is not really one of who is Porn Potato, but rather who Porn Potato *is*. Porn Potato is an amalgam of all of your hopes, fears, fetishes, and petty vanities. He is your id made flesh (or vegetable), channeled by one or more of the esteemed editors for each issue. In other words, Porn Potato is no further away than the reflection in your bathroom mirror, and no less real than the flickering blue light from your TV screen. Best of all, none of this requires any greater willing suspension of disbelief than, say, opera. After all, do you really believe in a pornworld where all high school coaches are hunky and devoid of pot bellies, where all buttocks are naturally depilated and prelubricated, and where *everybody* seems to be doing it for the first time? Then you believe in Porn Potato.

  
**Erotic Choices** ©1995 Alluvial Films,  
opened four eyes out of five.

With that taken care of, we're going to try something a little different and review a piece of non-fiction from the United Kingdom: *Erotic Choices, a Guide to Better Gay Sex*.

The video opens in what must be the Addams Family's living room, a cross between the elegance of a Vermeer painting and the tackiness of a gothic novel's embossed cover.

Sitting in a richly upholstered chair in the middle of this cavern of dust, cobwebs, and tattered curtains is a skinny young man in nerdy glasses. Dorian Grey? No, the man in the shirt and tie is Dr. Jonathon Cartledge of London, who welcomes us to his little shindig. He gives us a brief summary of safer-sex guidelines, gently reminding us to be ever vigilant against broken rubbers and broken promises. Unfortunately, that is all we get to see of Dr. Cartilage, which is too bad. Porn Potato thought he was kinda cute.

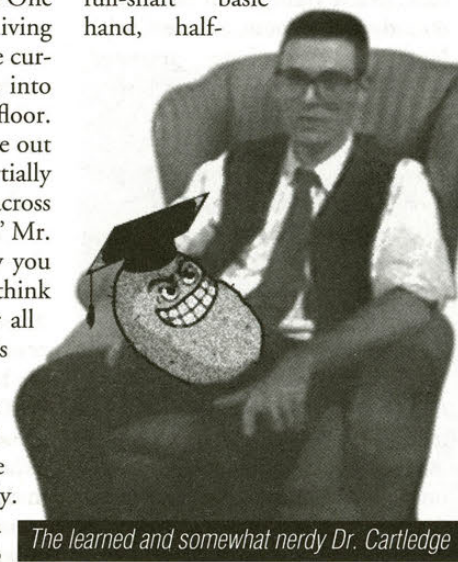
Cut to a poolhall, where two young men with Aryan Nation hairdos are playing a game of eight-ball. They favour one another with steamy looks as they make clean shots with their long cues. A disembodied voice drones lines from Shakespeare's *The Tempest* in perfect

Queen's English ("What a piece of work is a man...."). Another voice at the subliminal end of audibility gurgles things like, "Suck... Ecstasy... Floating... First Time..." Overcome with lust, these two paragons of British manhood push aside the billiard balls and start to make out on the green felt, when a dumpy little man identified as Dr. Robert Flynn walks on-screen. Dr. Bob seems oblivious to the fact that this erotic scene continues despite his presence, both in the background and projected onto his white shirt. He starts us off on this journey by informing us about male sexuality, but Porn Potato was too distracted by the boys making out behind him to remember what it was that he had to say. Something about there being more to a man than his dick.

Next we meet our main tour captain, another English clone by the name of Barry Laden. Mr. Barry isn't a doctor—we know that because he wears a T-shirt and dungarees. He wants to teach us the finer points of empathy, and Couple Number One are here to help. Picture a living room, a chaise, and great white curtains billowing like spinnakers into the open space above the floor. Couple Number One condense out of thin air, materializing partially clothed and artfully draped across the chaise. "Look into his eyes," Mr. Barry advises, "show him how you feel." As the boys do this, they think aloud, and we get to overhear all manner of salacious tidbits about their personal life. Mr. Barry instructs us in the finer points of kissing, foreplay, and tingly sensations while Couple Number One eagerly comply. Like the plot of any good porn movie, foreplay progresses to

fellatio, of which Mr. Barry has much to share. He informs us that communication is important, but one doesn't have to shout "Suuuck mah dick!" Texas-style to get the point across. There's no right way or wrong way to suck, he continues, stressing the delights of versatility. Summing up this lesson, Mr. Barry explains that the best orgasms take two hours to reach, and that for safety reasons one wants to come under controlled conditions. Porn Potato is not sure how much control he'd have after two hours, and wonders if Mr. Barry has a day job.

Now it's time to get to know our naughty bits (and not so naughty bits). As Mr. Barry stands in the foreground, a tastefully illuminated young man appears behind him as a visual aid. He rubs himself appropriately as Mr. Barry enunciates a litany of erogenous zones: nipples, earlobes, inner thighs, and one's balls, "which are obviously precious" he adds cryptically. He then rattles off a battery of wanking techniques: whole hand, full-shaft basic hand, half-



The learned and somewhat nerdy Dr. Cartledge

## i love it when...

...my doctor says, "**these drugs will save your life!**" and a day later a world class virologist claims they are as **toxic as raw sewage**.

...someone finds out i am hiv+ and they ask "how did you get it?" and i want to scream "**i got fucked up the ass!**"

...a personal ad states: hiv- male, 25 seeking hot, sexy, fuckable guy. no smokers, drinkers, or drugs—must also be hiv-. (sure! i'll bring my blood test results, you blind maggot!)

...you go to an **aids organization** for some assistance and discover there is **not one hiv+ person** on their payroll. (and while i'm at it: no people of color, no non-ivory towers, etc.)

...i am in a group of white liberal fag consumers, and they are discussing hiv (rhymes with give—get it?) with gosh-darnit! real sincerity and they don't even know it's **inside me**.

...you can tell the difference between, "so, how are you feeling lately?" and "so, how are you **feeling lately?**"

...i am about to have hot sex with a real (read: has body hair and smells like sweat.) man and i say, "I think you should know i am hiv+..." and he says, "**great**, so am i!" (okay dokey—let's go.)

by critter barnes,  
reprinted from Jiffy Pop #1



# GLOSSARY

The highbrow language used by our British friends contributes to the arty feeling of this movie. For all the ignorant plebes who don't know any better, we've thoughtfully provided some definitions.

**Arse or Arsehole:** See "Bum or Bumhole".

**Bidet:** (Pronounced BEEDAY) A constant source of trans-Atlantic misunderstanding. It's a device shaped a bit like a toilet, with a gentle spray of (usually too cold) water to wash the genitals or anus after sex or defecation. Europeans think Americans are barbaric for not having them as standard household fixtures. Americans think Europeans are barbaric for not using toilet paper. At parties in U.S. homes, some drunkard will inevitably mistake the bidet for the commode, resulting in disaster when pulling the handle results in a merry little fountain splashing the contents all over the bathroom.

**Bum or Bumhole:** Mildly nauseating variant of "Butt or Butthole" and "Arse or Arsehole".

**Clingfilm:** Quaint term for Saranwrap® the most singly overrated of impromptu microbial barriers. Do not wrap your boys with it for longer than three hours, as it can cause heat exhaustion.

**Perineum:** The only part of your sexual geography that doesn't have an earthy Anglo-Saxon synonym to complement the formal Latinate term.

**Wanking:** Cute term for banging the bishop, choking the chicken, frisking the friar, spanking the monkey, etc. Should not be confused with a wanker.

shaft fingertips only (maybe a triple somersault off the pommel horse?), as well as practical advice on the special needs of the cut versus uncut cock. It's also a good idea to practice banging the bishop with different kinds of lubes and condoms, in order to find the brand that fits and feels the best.

"Now, let's get to the bottom of things: the bumhole. A lot of guys can be a bit shy when it comes to using the bumhole as a sexual organ, because of its usual functions." The anonymous back-ground boy grudgingly moons the camera as Mr. Barry introduces us to Mr. Anus, and how to become friends with him, claiming that this "adds considerably to the feeling of submission." Porn Potato wonders what he means by that. Unfortunately, before Porn Potato's question is answered, Mr. Barry turns and curtly ends the lesson with a hearty "Thanks Paul!" whereupon the background boy fades away.

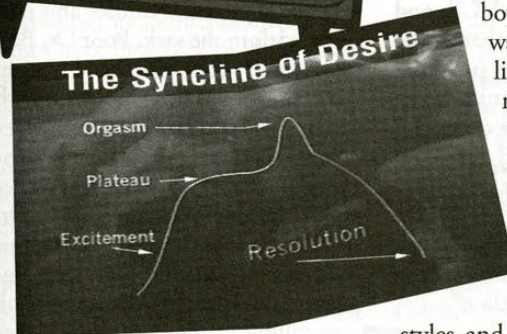
After that, it's time to talk sixty-nine. We're transported back to the mouldy living room, where Couple Number Two have appeared, sprawled over a pile of dusty blue-lit cushions. "Sixty-nine gets its name from the figure formed by the bodies of two men as they face each other," a vague description of questionable scholarship, "which... is wonderful because of its fairness and equality." However, the videography seems to gloss over the potential awkwardness of this most PC of queer sex positions, filming from a distance so that Porn Potato isn't quite sure that the models really are sucking simultaneously. From there it's easy to venture into rimming. Mr. Barry says "But don't go straight for his hole. First lick his balls and then his per-

ineum\*... and remember, keeping clean is more than just a matter of courtesy." Truer words have never been spoken.

Dr. Bob intrudes with some pithy wisdom about monogamy, negotiation, and meeting Mr. Right. Mr. Right, he continues, may not impress your friends (or mum) and probably won't appear on cue. Dr. Bob is nearly upstaged again by the boys in the background, but since they're playing house instead of screwing, Porn Potato had a much easier time paying attention.

We're now ready for the big enchilada: anal sex. Mr. Barry guides us into the bedroom, which is just the same living room with a four-poster bed in the middle, where Couple Number Three (Porn Potato's personal favorites) are about to ride the hobby horse. As they start to fuck, Mr. Barry gives us an antiseptically complete description of penetration, which was tolerable until he shattered Porn Potato's enjoyment of the ongoing visuals with a friendly warning that "You may be put off by the feeling of wanting to shit." The disco soundtrack picks up speed as the boys get into the groove. The camera follows a drunken orbit centred on the bed, strafing the performers as they do it doggy style, as they do it with legs in the air, as they do it on the mattress, and finally as they do it thrown over the cobweb-encrusted bedrail (where the butt boy narrowly misses banging his head as his lubecovered hands lose their grip on the big brass bedframe).

Time for Dr. Bob to introduce some teaching aids: the Four Stages of Sexual Gratification graph appears in the foreground, to be followed by an incriminating polygraph readout which pulses with malevolent



energy. Brainwave activity, muscle contractions, galvanic skin response, cardiopulmonary readings, and consciousness indicators all surge from the quietude of the green zone into the throbbing redline. It is this pulsing image that heralds Mark and Mark, Couple Number Four, the poolboys from the beginning of the video. These guys are obviously pros, with their "I can take it, sir!" attitude, no-muss haircuts, and fast and flawlessly choreographed manoeuvres. They bump and grind and groan and talk dirty while Dr. Bob's disembodied voice explains that much of gay sex is already safe sex, and that if you go at it with as much gusto as Couple Number Four, the riskiest thing one could fear is a slipped disk. The bad house music reaches its crescendo as Couple Number Four loudly shoot their collective wads. While they embrace in their sweaty afterglow, the natty

green bed is transformed into the green felt-covered pool table from, their opening scene, creating an artistic sense of closure.

But wait, the fun's not over yet! Even as we're left panting on the floor, we're hit by a sudden and unexpected wave of propaganda: How to Dress and Act Like a Gay Man (just in case we needed to know).

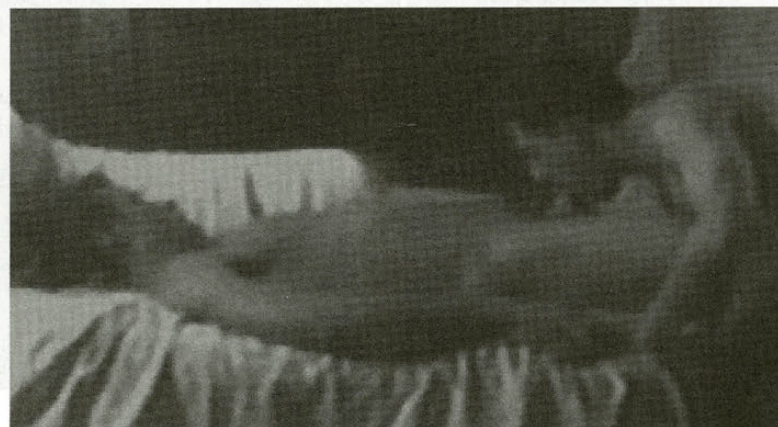
With the help of some of the boys, Mr. Barry talks about wardrobe, posture, mood lighting, fitness, piercing, romance, and shaving.

"Doing one's legs are the current trend," Mr. Barry explains, and then offers some ideas about shaving your buttocks, "Like facial hair... experiment with different styles and shapes to find our own individual expression." Whoa now, hold on. Porn Potato knows this video's nominally in English, but he thinks something still got lost on the trip across the Atlantic. Individual expression? What, like turning your full moon into a crescent one? Or

how about, "Look dear, this is my own Daliesque expression of my individuality... SEE?"

In addition, Porn Potato wonders about the ulterior motives of the video's producers. Did they hope to bend undecided young minds to their will, creating a stable of young men who would dress, coif, act, pump, and scent themselves according to the videographer's own selfish desires? Maybe this is one of those "recruitment" efforts which our bible-thumping brethren are always accusing us homos of perpetrating.

As you might expect, this video doesn't fit easily within Porn Potato's usual rating scale. Fortunately, one of your spud's dedicated staff has nearly a decade of experience organising and teaching safer-sex workshops, so we can speak with some authority. The production quality is pretty slick, making for an engaging hour of watching. Erotic Choices easily outdoes other risk reduction videos, although the ones put out by the Gay Men's Health Crisis of New York come pretty close. Most of the models are



Despite the rather highbrow tenor of this film, the viewer is frequently rewarded with lustful images. Video quality, however, could use some improvement.



## GET FAT, don't die!

### Biffy Mae's Famous Banana Bread

4 or 5 tablespoons butter, softened  
¾ cup sugar  
3 or 4 overripe bananas, mashed  
2 eggs  
1 teaspoon vanilla  
1 or 2 tablespoons of brandy  
2 cups Bisquick

For banana bread to truly shine, the bananas should blackened and skanky, but not so far gone as to have been inoculated with fruit fly larvae.

Set the oven to 350°F. Cream the butter and sugar, and then add the banana pulp. Add the eggs, vanilla, and brandy, and mix thoroughly. Add the Bisquick, and stir just enough to mix evenly. Do not overbeat, that can make the bread rubbery. Pour into a 9-inch loaf pan and bake for 35 to 45 minutes, or until a knife inserted off-center comes out clean.

### Biffy Mae's Easy Butternut Squash Soup

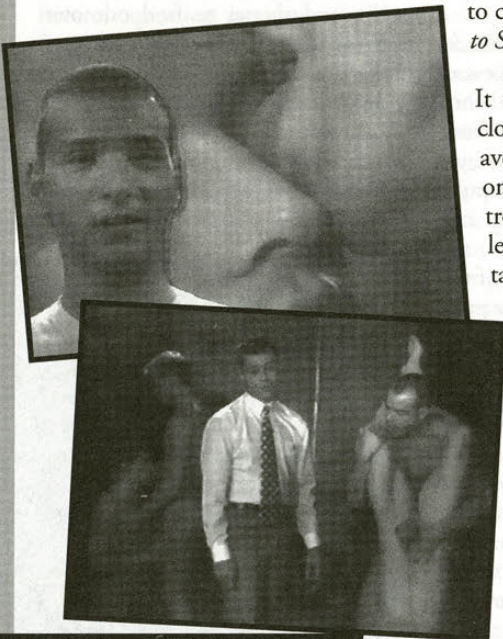
1 butternut squash  
2 cans chicken or vegetable broth  
salt and white pepper to taste  
Sour cream or yogurt (optional)

Peel and seed the squash. Cut up the squash, place in a pot, and lightly boil in the broth until tender—say, 40 minutes.

Pour into a blender and whisk at high speed until the squash has a uniform and silken texture. It should be liquid in consistency, not like mashed potatoes. Return to the cooking pot, and season to taste. Top each bowl with a dollop of sour cream or yogurt.

attractive without being intimidating, and you get to see lots of them. The information and advice is plentiful, but grown-ups with even a few years of sexual know-how can't help snickering at some of the more remedial instructions. That does, however, make this video ideal for pimply adolescents with little or no experience, or people of any age just coming out. Simply lock them in a room with the tape and a VCR, and hopefully most of their embarrassing questions will get answered privately.

Porn Potato's one technical complaint is the murky image quality of the video, which caused anything coloured red to bleed out of its borders and discolour half the TV screen. The picture often looked fuzzy, as though you were wearing glasses smeared with Vaseline®.



Both Mr. Barry and Dr. Bob were frequently upstaged by the multimedia props which were used to clarify the subjects being discussed.

One explanation might be that the picture quality was degraded when the video was converted from the original PAL format (the video standard for most\* of Europe) to NTSC (the American standard).

Throughout the movie, Mr. Barry had his hands shoved in his pockets, as though he were trying not to fondle himself. Perhaps he was frustrated by the fact that he couldn't rip off his clothes and join the models in the sack. Poor Dr. Bob didn't even seem to be a real person, just a man-shaped movie screen with a man's voice, talking about mansex while occasionally occluding man-to-man activity. In fact, the spooky sets, unintentional humour, and Dr. Bob's depersonalization made this flick far more surreal than most regular wank-movies. Our staff took to calling it *Monty Python's Guide to Safer Sex*.

*Erotic Choices* lacks few things. It would have benefited from a close-up demonstration of how to avoid air bubbles while putting on a condom. Or, given the introductory nature of some of the lessons, explaining the importance of wrapping one's lips over one's teeth while giving head might have been nice. These are relatively minor points, however. What is really missing is more of Dr. Cartilage. The dreamy boys of Couple Number Three should have trapped Dr. Cartilage between their taught torsos, and while nuzzling his ears, they should have tossed aside his clunky glasses, loosened his tie, slipped off his crisply starched white shirt and... and... Oh well, what can you say? Porn Potato would have liked that. —P.P.

## Your letters to the deaditors

*The following message was left on DPN's telephone answering machine. To get a feeling for the original, read this out loud in an angry, disturbed, and occasionally trembling voice.*

"My name is [Surname], Dave [Surname] in [Someplace], Florida, Post Office Box 271828. I did in fact out of curiosity request a subscription to DPN, and now that I've seen it a couple times I have written you a letter and I've also phoned several times requesting that you stop this disgusting [pause; pant, pant] crap from coming to my attention. If you do not just stop my subscription immediately, I guarantee you I will start sending it to the postmaster in my town and I will make all kinds of trouble. This kind of crap sucks. Please consider this a request to discontinue my subscription immediately. Thank you." [click]

*Don't mince words; how do you really feel about DPN?*

*But seriously, it's heartfelt feedback like this that has made all the effort we put into producing DPN worthwhile.*

*At least he didn't ask for a refund.*

DEAR DPN EDITORS:

I have a few statements and questions from reading Issue #10. There are some of us (I am one) who have had less than 10 T-cells for the past year and have never had an OI yet. I have wasting but that doesn't seem to count in many places—I'm just fading away. Why no OIs? Who knows—I'm no health nut; I even smoke—and they have tried to find

some with those fun probings and biopsies but nothing ever shows up in lab reports. So I get the fevers, shills, and night sweats, but I don't earn many HIV merit badges. Maybe I'll just get one... and leave.

On page 37, your subscript states "You can get laid—just ask the editors how." Well, I'm asking. I haven't had a man in my bed in a long time—too long. Most of that has been avoidance due to diarrhea (I'm too embarrassed to wear diapers with someone next to me, not brave enough to risk an accident—just being considerate) and I had given up. However, I got lucky and won a spot in the Crixivan Lottery (never got lucky with the State Lottery) and I'll be damned but it has all but stopped the diarrhea problem. Now I've just got to find a man who'll go slow and easy—I'm like a virgin again (a year or two of "holding tight" will do that to you!) and it will take a while to get back to using those large dildoes in my drawer—and a man who will not mind the possibility of damp sheets in the morning or the lack of muscle on my bones. I'm not a late night or bar-hopping man (not for some time); must I go back to that?

Though I'm ordering my merit badges, I don't think that will help (just moving from HIV+ to AIDS seemed to scare many away—I don't keep my mouth shut—besides, the number and frequency of pill taking is hard to hide). It is transition time again and maybe I need to change where and how I meet new men (computer BBSing isn't working). I know I've got some good fucks left in me, and wouldn't mind a boyfriend

(I'll get tired if I have to hunt up one-nighters all the time), even just a body next to me in bed would help. So please, what do you suggest?

sincerely,

PETER DiGUILIO

SAN FRANCISCO, CALIFORNIA  
P.S. By writing to DPN and bearing my sex/relationship issues, does that mean I've gotten cryptococcal meningitis or dementia, and can qualify for another merit badge?

*We're flattered that you thought we could explain why you'd had no OIs yet, but there are some things even we don't understand..*

*Your editors know (knew) how to get laid, but it sounds like you want a boyfriend, and that's another matter altogether. If there were going to be an issue #12, we'd recommend placing an ad in the DPN Meat Market (despite the fact that it never worked for anyone we knew)—but there won't be a #12, so you're on your own.*

*If you need technical advice on how to have sex, you could do worse than watching the video reviewed by Porn Potato on p. 29.*

*In any case, we sincerely hope you got laid (several times, even) since you wrote to us.*

DEAR DPN EDITORS:

I am writing in response to the article, "O.I. Merit Badges" by M.B. in the #10 issue.

I have a pretty good idea who your writer M.B. is, as I have read very similar articles in other Bay Area publications blasting the "Advera Guy".



Frankly, I am really tired of the hostile, angry and bitter whining of this writer. He continues to write about the "Advera Guy" with sarcastic compliments and then does his own medical examination based solely on a photograph. I would say it is very dangerous making such judgments, expressing such strong opinions and considering it factual without ever having talked to the "studmuffin" model directly.

We all know that appearances are deceiving when it comes to HIV and AIDS. There are so many of us who try our very best to maintain an appearance that is acceptable. Call it vanity, call it B.S., call it what you like—but in part, it does mean that some of us are doing what we know, or at least what we think we know is best. Because one chooses to be in an advertisement for a product doesn't mean he or she is a sellout as your writer seems to think.

I am the person that your writer is bashing. Yes, I am the "Advera Guy." I have been living with HIV for eight years now. I have had to work very hard at maintaining my health... including my appearance. I had to think long and hard about doing the ad for Advera, and I came to the conclusion that there is nothing deceptive or misleading about the advertisement. I knew there would be the possibility of some backlash, which in fact has occurred, but overall the response has been very good. It has allowed me the opportunity to speak out on television, in news articles, etc., around the world to help people better understand the truths and myths about this pandemic. I continue to work with Abbott Laboratories/Ross Products to do their part in making this product more easily available

and affordable. I do not claim I achieved total success with this, but at least it is a stepping stone in the right direction.

I have been accused of being too healthy to use Advera. Wrong! I was using the product before the ad campaign and I continue to use the product daily. In a letter I wrote to the editor of another Bay Area publication I attempted to express my views, but only to be blasted by the same writer and being called "...a conservative Republican sellout..." Wrong! I am neither a Republican, a conservative, nor a sellout. Such judgments only cause barriers rather than build bridges. After a tremendous amount of therapy and coming to terms with living with this disease, I have chosen not to be bitter, angry, hostile or to place blame, because for me it is futile. This may be the path of survival for some, which I can respect, so long as respect is mutual. We all have different approaches to how we live with HIV, and I think instead of attacking each other it would be much more constructive to learn from each other, celebrate our differences and find a common ground with which to build a foundation to work from. I am not suggesting we will always agree, nor should we. But attacking each other only fuels the true far right conservative movement which truly doesn't care and would rather see us destroyed instead of throwing pennies (and that's what it amounts to!) at our feet in an attempt to keep us out of their faces. Yes, we should be in their faces every day, but there are different methods of doing it. Again, let's not attack each other and be name calling our own, but working together to bring about long term effective change that truly

benefits those of us living with this disease.

I have no regrets for having participated in the Advera ad campaign. In fact, I am quite proud of the campaign, as it has provided a platform for me to speak from. I am not suggesting my way is the only way, but it is my way—and it works. As long as I have the privilege of a semi-healthy body, mind and spirit, I will continue to speak out as I know how and as my conscience leads me.

Frankly, M.B., your name calling and labeling of me has provided opportunities I never expected. Also, I can't recall the last time I was called studly, or a studmuffin. Thank you! So, M.B., come down off your soapbox, continue doing the good work you do, but don't attack me for what I do. Furthermore, if I recall correctly, you even give credit to Advera for much of your weight gain. I would agree, Advera is not the best tasting concoction in the world, but it does work—for some of us.

I suggest that before you allow a writer to attack or be name calling, that the writer should do his or her research about the person they are attacking. It's not just a pretty face on a page in a magazine, because there are heart, mind, spirit, and health concerns beneath the surface of that photograph.

Sincerely,

CHRIS CRAYS  
A.K.A.: ADVERA MAN,  
ADVERA GUY, STUDMUFFIN,  
CONSERVATIVE REPUBLICAN

*Sadly, we didn't get a response from Michael Botkin before he shuffled off his mortal coil, but we feel safe in saying he would've agreed with you that Advera "is not the best tasting concoction in the world."*

## Dang! Another editor bites the dust.



*Michael Botkin, having a fun night out on the town.*

Just when we thought it was safe to go out again, our number three editor, Michael Botkin, had the nerve to expire on us. He had looked like death warmed over for so long, we never thought he'd really die. Some of us suspected that he was actually a zombie, but his almost unflinching good humor seemed to indicate otherwise.

Although most of Michael's contributions were behind the scenes, he helped give DPN the voice it has today. He also wrote for countless other publications, participated in Street Patrol, and got into lots of trouble.

To us, he shined most brightly as DPN's Media Whore. Whenever confronted by a video camera, Tommy and I would stammer over the simplest questions. Michael, on the other hand, could articulate our mission with embarrassing ease, leaving Number One and Number Two staring at each other in amazement. Did he practice? Michael swore that he didn't. Should we, now that he's not here? Probably. Rest in peace, Michael. —B.T.

## Whither DPN?

*Why is this the final issue?*

*The sad truth is that Beowulf was the only member of the DPN staff with much enthusiasm left for publishing, and he up and died on us. Why are the rest of us not into it? Sooner or later, most people are subject to getting burnt out on a project like this, and we're no exceptions. Time marches on, and our interests lie elsewhere. Could we have found new people to take over? Maybe. But if anyone out there has that level of interest, we think they'd be better off starting anew.*

*Some of us were disappointed with the response from readers, and that contributed to our lack of enthusiasm. We've had issues with no letters-to-the-editor column because there hadn't been any letters to speak of. Sure, there have been exceptions, but publishing came to feel too much like a one-way street.*

*Dealing with deadbeat bookstores and distributors is also enough to quash anyone's desire to put out a magazine. For instance: after owing us money for a few years, Lambda Rising in Washington, D.C. told us they had a check waiting for us if we'd only agree to the terms they wanted for future issues. We said no; pay up first, then we'll talk. Five years later, they still owe us the money.*

*In any case, we're not quitting because protease inhibitors have made DPN obsolete. We emphatically don't believe that AIDS is history (yet).*

*This issue was late for a bunch of reasons. We're really sorry. But honest, we won't do it again.*



## Dang! Our founder and guiding light died.

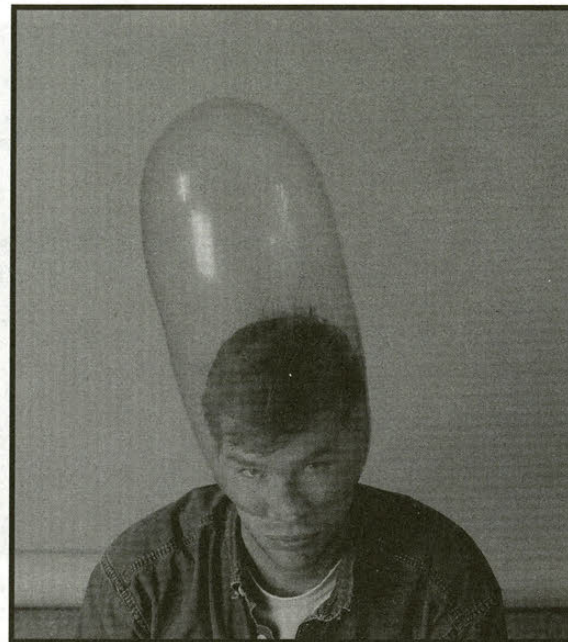
DPN lost its heart and soul on May 8, 1999.

Beowulf Thorne died on the eve of the publication of this issue, in a sense following in the footsteps of co-founder Tom Shearer, who'd died just before issue #2 went to press. Like Tom Shearer, Wulf had a devastating sense of humor. He also had superb illustration and layout skills, a wide range of knowledge, and an imagination that wouldn't quit. Hell, I don't have to explain all this to our readers—if you've seen DPN, you know what Wulf could do.

Wulf was Porn Potato, Wulf was the source of most of the recipes, Wulf came up with all the clever ads, Wulf created most of the covers, Wulf invented AIDS Barbie and other gems too numerous to mention. In short, he was responsible for the lion's share of DPN. It wasn't that he hogged all the glory for himself; on the contrary, he was generous in allowing others to contribute to the magazine. He simply came up with more good original material than the rest of us did.

My first taste of Wulf came from reading a few of his inimitable personal ads, circa 1991. His ads announced his HIV status up front, reveling in the virus-spewing nature of his weenie with such colorful headlines as "I've got the danger penis" and "this gun shoots death". That latter phrase had elicited a call from the personal ad department at the San Francisco Bay Times, pleading with Wulf to say something less depressing. Wulf stood his ground, and the ad ran.

Wulf's personal strategy for dealing with AIDS was the polar opposite of denial. He wanted to look HIV in the eye, to understand it in its full morbid glory. To that end, he'd bought a picture book a few years ago, titled *Color Atlas of AIDS*. Intended primarily for health care professionals, this wasn't a volume you'd want to leave on your coffee table. It was a compendium of photographs—many of them exceedingly gruesome—depicting the consequences of various OIs. I was less than thrilled with it, but Wulf was intrigued—and not just because he'd always been fascinated with biology.



Beowulf Thorne, doing the condom-over-the-head trick.

No, he bought the book to immerse himself, to apprehend the ravages of AIDS as deeply as he could. The severity of his approach may not be for everyone, but it worked for him. Wulf retained his composure and sense of humor through more nasty HIV-induced ordeals than you could shake a dildo at.

The qualities that made Wulf shine in his work on DPN—honesty, intelligence, creativity, humor—also made him a very special friend. Wulf touched my life in a way that few people can. I'm having a hard time mustering the usual DPN-style flippancy at this occasion. It felt more than a little strange to put the "Dang!" headline on the top of this page—but after the obits Wulf had written for Tom Shearer and Michael Botkin, anything less would have somehow seemed inappropriate.

Wulfie, I miss you.

—T.A.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION

**AZT Lite®**  
(retrovir petite)

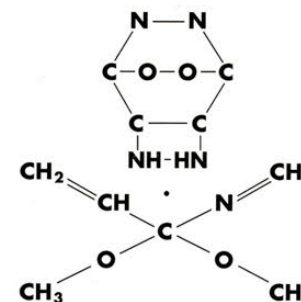


Advertisements do not include all the information about prescription medication. Only your physician is qualified to decide if a prescription medication is right for you.

**WARNING: A REGIMEN INCLUDING AZT LITE (RETROVIR PETITE) MAY BE ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA REQUIRING INTERVENTION WITH EXPENSIVE INFUSION THERAPY.**

### DESCRIPTION

AZT Lite (Retrovir petite) is the brand name for Ziduvodine, a racemic, white to beige, odorless, crystalline solid with the following structure (C<sub>10</sub>H<sub>13</sub>N<sub>5</sub>O<sub>4</sub>):



Originally discovered in the 1960s during cancer research funded by the US government through the National Institutes of Health (NIH). Ziduvodine was deemed entirely too toxic for use as a chemotherapeutic agent, but is apparently just the thing for treating homos and other perverts likely to contract HIV. Although Glaxo-Wellcome is not the owner of the original patent for ziduvodine, nor has reimbursed the NIH for their basic research, Glaxo-Wellcome nevertheless reserves the right to price this product as it sees fit.

**Microbiology:** The relationship between *in vitro* susceptibility of HIV to ziduvodine and the inhibition of HIV in man or clinical response to therapy has not been established. *In vitro* sensitivity results vary greatly depending upon the time between virus infection and ziduvodine treatment of cell cultures, the particular assay used, the laboratory performing the test, the phases of the moon, and Madonna's present hair color.

### INDICATIONS AND USAGE

AZT Lite (Retrovir petite) is indicated for the treatment of:

**Guilt** (and concomitant chronic whining) induced by envy, peer pressure, parents who ask why you're not taking anything yet, or other neuroses.

**Excess Money** which could be in the accounts of Glaxo-Wellcome.

### CONTRAINDICATIONS

AZT Lite (Retrovir petite) is contraindicated in any patient who has a history of hypersensitivity to placebos.

### WARNINGS

AZT Lite (Retrovir petite) is a medication with a potential for abuse.

### PRECAUTIONS

**General:** AZT Lite (Retrovir petite) capsules visually resemble full-strength AZT in order to provide a simulacrum of established retroviral therapy. In addition, the price is accordingly exorbitant. AZT Lite and full-strength AZT should be stored separately.

**Information to patients:** Patients receiving AZT Lite (Retrovir petite) should be instructed to tell family and friends that they are taking full-strength AZT, as doing otherwise would defeat the purpose of AZT Lite (Retrovir petite).

**Drug Interactions:** In studies involving patients with asymptomatic HIV infection, AZT Lite (Retrovir petite) has been co-administered with a variety of medications (e.g. anti-infective agents, selective serotonin reuptake inhibitors, opioid analgesics) without resulting in any clinically significant drug/drug interaction, as would be expected at a dosage level of less than .01 micrograms/kg of body mass per day. HOWEVER, AZT LITE (RETROVIR PETITE) MUST NOT BE TAKEN WITH MEDICATIONS PRODUCED BY ANY COMPANY OTHER THAN GLAXO-WELLCOME. YOU MUST DISCONTINUE ALL THERAPIES WITH THE ABOVE-MENTIONED CATEGORIES OF MEDICATION PRODUCED BY OTHER COMPANIES AND REPLACE THEM WITH EQUIVALENT GLAXO-WELLCOME REGIMENS.

### CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY

**Pregnancy:** Pregnancy category C. Nevermind the drug—physicians should inform any prospective mother that HIV during pregnancy is really bad news. Nevertheless, our lawyers insist on the type of vague disclaimer found in nearly every drug information document: AZT Lite (Retrovir petite) should only be used if the potential benefit justifies the potential risk to the fetus.

**Nursing Mother:** No prob. Lactating wombats administered AZT Lite (Retrovir petite) didn't seem to express any drug in their milk.

**Pediatric Use:** Safety and effectiveness of AZT Lite (Retrovir petite) in children have not been demonstrated, and are not likely to be. AZT Lite (Retrovir petite) is intended for neurotic adults; children don't need to take this kind of stuff.

### ADVERSE REACTIONS

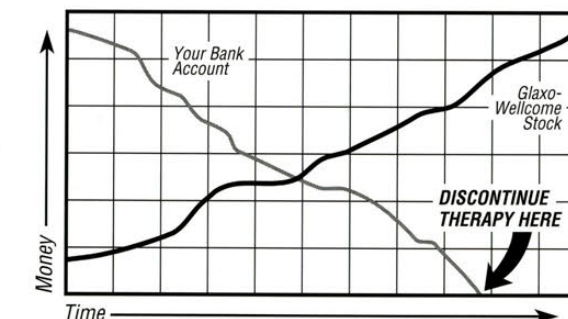
AZT Lite (Retrovir petite) was generally well-tolerated by patients in clinical trials. Discontinuation of therapy due to an adverse event was required in 9% of patients receiving AZT Lite (Retrovir petite) compared to 9% of patients receiving placebo in trials. The primary reasons for discontinuation of trial therapy were ennui (3%), gastrointestinal intolerance (2%), syncope (2%), and death (2%).

Independent consultants hired by Glaxo-Wellcome have suggested that the cultivation of the following symptoms will assure the proper public perception of the validity of your treatment regimen: body odor, edema of the lip and tongue, constipation, diarrhea, eructation, flatulence, rectal hemorrhage, impotence, acne vulgaris, pruritus ani, urticaria, dysuria, polyuria, polyploidy, catarrh, sirenismorphism, and lycanthropy.

Should you be unable to produce these symptoms in a lifelike manner, ask your personal physician about administering other Glaxo-Wellcome products that may help you to induce the desired side effects.

### DOSAGE AND ADMINISTRATION

For adults with health insurance, the recommended oral dose is \$25 every four hours. Adults without health insurance may pay more or less according to ability. The following graph may be of assistance in estimating your cost and treatment efficacy:





*“ I realized that I wasn't like all of the other boys, that I somehow didn't fit in...  
...I was the only one not taking AZT. ”*

**S**ay goodbye to feeling guilty about your high CD4 counts, because you can take AZT® and be just like everyone else.

Introducing AZT Lite® in ultra-low 0.1 mg capsules. That's right, now you can enjoy all the glamour of those stylish blue-and-whites with none of the side effects!

And to make you stand even closer in solidarity with all of your friends, you'll pay the same outrageous price as for the regular full-strength capsules!

Call now for a special one-time offer. Dial 1-800-POISONED today! Don't forget to ask for our free brochure on how you can beautify your life by decorating your home, adorning your body, and cooking with AZT®.



***Now you can play with the big boys!™***